

# MANDATE FORM/ AGREEMENT

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS  
SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

## Details of Account Holder(Institutional only not personal)

Name of Account holder	PRINCIPAL SHRI CHHATRAPATI SHIVAJI COLLEGE OMERGA
Institute AISHE Code	C-34650
Type of Institute	Non-Technical
Complete Contact Address	MAIN ROAD OMERGA TAL-OMERGA , DISTRICT- OSMANABAD
Contact No.	9421359902
Email	ghjadhav@rediffmail.com

## Bank Account Details(Institutional only not personal)

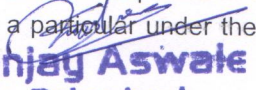
Bank name	STATE BANK OF INDIA
Complete Address	MANIKWAR COMPLEX MAIN ROAD OMERGA DIST OSMANABAD
Whether branch is computerized	Yes
Branch's RTGS CODE	SBIN0006755
Branch's IFSC CODE	SBIN0006755
If this branch NEFT enable	Yes
Type of Bank Account	Savings
Complete bank Account no.	30918937493
MICR Code of Bank	413002720
PAN Card Number	AAATB8032F
TIN/TAN Number	NSKB01735G


## Declaration

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a particular under the Scheme. The Utilization Certificate for the funds received shall be submitted as when required.

  
**PRINCIPAL**  
**Shri Chhatrapati Shivaji College**  
OMERGA, Dist. Osmanabad

Certified that the particulars furnished above are correct as per records.

  
**Dr. Sanjay Aswale**  
**Vice-Principal**  
Shri Chhatrapati Shivaji College  
Dist. Osmanabad, 413002  
Seal/Signature of UBA Coordinator of PI

  
**PRINCIPAL**  
**Shri Chhatrapati Shivaji College**  
OMERGA, Dist. Osmanabad

Seal/Signature of Authorized Person of Institute