



**GOVERNMENT OF INDIA  
NATIONAL COMMISSION FOR WOMEN  
4, DEEN DAYAL UPADHYAYA MARG,  
NEW DELHI  
ELECTRONIC CLEARING SERVICE( CREDIT CLEARING)  
(MODEL MANDATE FORM)**

(NGO OPTION TO RECEIVE PAYMENTS THROUGH CREDIT CLEARING MECHANISM)

1. NAME OF NGO/ORGANISATION/INSTITUTE :
2. NAME OF HEAD OF ORGANISATION :
3. REGISTRATION NO./TRUST DEED NO. :
4. OFFICIAL ADDRESS :
  
5. SPECIMEN SIGNATURE IN THE BANK OF AUTHORISED OFFICIAL OF THE NGO. :
6. PARTICULARS OF BANK ACCOUNT :
  - A. BANK NAME :
  - B. BRANCH NAME :  
Address  
Telephone
  - C. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH :  
(Appearing on the MICR cheque issued by the bank)
  - D. **R.T.G.S.** No. of Bank's BRANCH :
  - E. ACCOUNT TYPE :  
( S.B.Account/Current Account or Cash Credit with Code 10/11/13)
  - F. LEDGER NO./LEDGER FOLIO NO. :
  - G. ACCOUNT NUMBER :  
( As appearing on the Cheque Book)

In addition of the bank certificate to be obtained as under, please attach a blank cancelled cheque, or photocopy of a cheque or front page of your saving bank passbook issued by your bank for verification of the above particulars.

H. DATE OF EFFECT :

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 approval letter and agree to accept all terms and conditions.

(.....)  
Signature of the Authorized Signatory of the NGO/ Organisation in the Bank

Date:

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

(Bank's Stamp)

(.....)  
Signature of the Authorised  
Official from the Bank.

Date:

Name of the Head of NGO :  
Name of the authorized signatory :