Proforma of Authorization

| S. No. | Name of the payee as in Bank Accoun t | Add ress | Dist rict | Pin Code | Sta te | Teleph one No. with STD Code | Fax No. | Email ID Addres s | Name of the Bank | Bank branch (Full Address and Telephone Number) | Bank Account Number | Account Type | Modes of Electronic transfer available in Bank branch(RTGS/NE FT/ECS/CBS) | RTGS/NEFT/ IFSC Code | MICR Code |
|-----------|---------------------------------------|-------------|--------------|-------------|-----------|---|------------|----------------------------|------------------------|---|---------------------------|-----------------|---|-------------------------|--------------|
| | | | | | | | | | | | | | | | |

^{*} To be authenticated by Manger of the Concerned Bank

Signature and Stamp of President/Secretary of the Organization