

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAWAN : NEW DELHI

Format for details of PAYEE through E payment
(Two copies to be submitted along with each payment/bill)

(Column 1 to 7 to be filled up by the Payee/Account holder)

1. Name of the Account Holder/Contractor: _____
(Payee's Account Name)
2. Nature of Account (saving/current) : _____
3. Name of the Bank : _____
4. Bank Account No. : _____
5. Branch Address : _____

6. IFSC Code of bank/branch : _____
7. Net Amount :Rs. _____
(after all deductions to be
Paid/remitted to payee's account (Rs, In words) _____

Signature of Account holder
Name & Designation
(serving employee)

Signature of Account holder
Contractor/Supplier with Seal
and Address