**DIRECT DEBIT MANDATE (To be obtained from the Bank Account Holder)**

Mandate Ref. No. ...................................................... Date: .......................................................

To

The Manager

……………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………..

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Dear Sir,

I/We …………………………………………………………………………………………………………………………………………………………………………………. having Savings / Current / Overdraft / CC account with your branch hereby authorize the bank to allow Academy of Scientific and Innovative Research (**AcSIR), Room No. 301, Anusandhan Bhawan, 2 Rafi Marg, New Delhi 110001** through any mode from my account, as and when payment requests are raised by the aforesaid beneficiary Academy.

**Particulars of the Bank Account**

Bank A/C no : .…………………………………………………………………….

Bank A/C Holder Name : .…………………………………………………………………….

(Tick respective box)

CC

C/ A

SB

Bank A/C type :

Bank Branch Name : .…………………………………………………………………….

Bank Branch Code : .…………………………………………………………………….

MICR code : .…………………………………………………………………….

(Please attach a blank cancelled cheque for verification purpose)

Date of effect – The details of the debits to be made and beneficiary are:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the****Beneficiary****Company** | **Beneficiary Company****Code** | **Purpose of****payment** | **TUITION FEES** | **Frequency** (Monthly / Quarterly / Half-yearly) | **TUITION FEE Start date** | **TUITION FEE End date** |
| AcSIR |  | Payment of TUTION FEES |  |  |  |  |

ACSIR BANK ACCOUNT NO.

IFSC CODE NO.

BRANCH NAME

…………. 2 ………..

: 2 :

**Terms and Conditions governing Debit Mandate**

I/ We accept that I/ we have read and understood the terms and conditions governing the Mandate and

1. I/ We have been explained about the Direct Debit mandate scheme in detail.
2. I/ We will not withdraw/ modify the Mandate without the knowledge of the Bank Branch from which I/ we have submitted this Direct Debit Mandate and AcSIR.
3. Mandated amount is equivalent to the installment payable by me.
4. As per Sec 25 of Payment of Settlement Act 2007, if the Electronic Fund Transfer was initiated for want of any amount of money to another person for the discharge if whole or in part of debt or other liability and if the same could not be executed due to insufficiency of funds/ exceeding arrangement then it is deemed that an offence is committed attracting punishment of imprisonment for a term which extend to two years or fine or both. Further Sec 25 (5) of Payment of Settlement Act also stipulates that provision of Chapter XVII of NI Act will apply for dishonor of transfer by way of electronic fund transfer. I/We are bound by the applicable legal provisions and I/We agree that we are bound by the same.
5. The mandate has been executed by me/ us. I/ We am/ are authorized to operate/ draw on the account mentioned over leaf.
6. I/ We undertake to maintain sufficient funds in the account so as to honour the Direct Debit Mandate when presented.
7. I/ We agree to abide by the terms and conditions of Direct Debit Mandate facility of Reserve Bank of India.

**……………………………………………………………………………………………………………….** Date: .....................................................

**Signature of the Bank Account Holder**

…………………………………………………………………………………………………………………………………………………………………………………………………………

**Signature of the Authorised Signatory of the beneficiary company**

(Affix the Name, Designation, Employee code & Company’s stamp)

**For Bank Use**

Branch Code: Branch Name: Address stamp of Branch:

……………………………………………………………………………………………………………………………………………………….

**Signature of the Branch Official**  Date: .....................................................

(Affix the Name, Designation, Employee code stamp clearly)