# ICMR-NATIONAL INSTITUTE FOR IMPLEMENTATION RESEACH ON NON-COMMUNICABLE DISEASES

# NEW PALI ROAD, JODHPUR-342005

# MANDATE FORM

# Bank Details required under PFMS

|  |  |
| --- | --- |
| Name |  |
| Father/Husband Name |  |
| Date of BirthDD/MM/YYAadhar Number |  |
| PAN Number |  |
| Address 1 |  |
| Address 2 |  |
| City |  |
| Country |  |
| District |  |
| Mobile No. |  |
| Phone No. |  |
| Email |  |
| **Bank Details** |
| Bank Name |  |
| Account No. |  |
| IFSc Code |  |
| Branch Name |  |