

भा. कृ. अनु. प. - केन्द्रीय पटसन एवं समवर्गीय रेशा अनुसंधान संस्थान
ICAR- CENTRAL RESEARCH INSTITUTE FOR JUTE & ALLIED FIBRES

(भारतीय कृषि अनुसंधान परिषद्)

(Indian Council of Agricultural Research)

नीलगंज, बैरकपुर, कोलकाता-700 120, पश्चिम बंगाल
NILGANJ, BARRACKPORE, KOLKATA-700120, WEST BENGAL

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Dated: 1st April, 2016

4-4-2016

CIRCULAR

As per Central Vigilance Commission Office Order No. 20/4/04 dated 8th April, 2004 e-payments and e-receipt by Govt. Organizations is mandatory and accordingly this office is following all such rules and regulations of e-payments and e-receipt since long.

Now, the number of suppliers/vendors enlisted with this institute has increased substantially so payments to those suppliers/vendors and refunds of various natures have increased fourfold. Under this circumstance all the suppliers/vendors needs to submit their bank details (Annexure – I duly certified by the bank) for e-payment of their bills. However, in recent past it is evident that due to non-availability of bank details in the bills or copy of bank mandate form with the bill e-payments have been disrupted. Apart from this the erp system does not have full bank details of the vendors.

In view of the above, the Purchase Officer may intimate all the suppliers/vendors enlisted or to be enlisted with this institute to submit copy of bank mandate form with each and every bill they submit for payment on or after FY 2016-17. The DDO concerned may ensure that each and every bill processed at his end for payment must have bank details (Annexure – I duly certified by the bank) enclosed with it otherwise the bill(s) will be summarily rejected and returned to him.

This issues with the approval of the Director, ICAR-CRIJAF.


Finance & Accounts Officer

Copy for information/ necessary action to:

1. The Administrative Officer, ICAR-CRIJAF.
2. The Purchase Officer, ICAR-CRIJAF.
3. The AAO/DDO, ICAR-CRIJAF.
4. The In-charge, AKMU for uploading the circular in the institute's web-site.
5. PS to Director, ICAR-CRIJAF.

MANDATE FORM
Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)
facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

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 use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of Customer

Date

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

(Bank's Stamp)

Date:

Signature of Customer

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.