

Form to be filled by vendors for registering for e-payment

Defense Institute of Advance Technology

DETAILS OF CONTRACTOR/SUPPLIER FOR E-REMITTANCE OF PAYMENTS BY  
Defense Institute of Advance Technology

1	NAME & ADDRESS OF THE CONTRACTOR/SUPPLIER	
	Pin Code	
2	BANK A/C NO	
3	TYPE OF A/C (CC / CURRENT/SAVINGS)	
4	NAME OF THE BANK	
5	NAME OF THE BRANCH	
6	BRANCH CODE	
7	ADDRESS OF BRANCH OF BANK	
8	MICR NO:	
9	IFSC CODE:	
<input checked="" type="checkbox"/> Specimen signature of Account holder		Attested
		<input checked="" type="checkbox"/> Signature of Branch Manager
Name & Designation or Rubber stamp of Company		Seal/Stamp of Bank Branch

ATTACH ONE CANCELLED CHEQUE OR ZEROX COPY OF CHEQUE TO THIS FORM