



MAHARSHI DAYANAND UNIVERSITY ROHTAK

Sl.no. _____ Dated _____

PARTY DETAILS FOR ELECTRONIC CLEARING SERVICE (Credit Clearing)/RTGS FACILITY FOR RECEIVING PAYMENTS

DETAIL OF PARTY/ACCOUNT HOLDER

Name of Party (as per Bank record)	
Address	
Mobile No.	
Email Id.	
GST No.	
PAN NO.	

BANK ACCOUNT DETAILS

Bank Name (Full)	
Branch Address	
Account Number*	
Account Type (SB/CURRENT/CASH CREDIT)	
IFSC CODE	

Certified that the party account is on RTGS enabled branch. I hereby declare that the particulars given above are correct and complete. If there is any error/mistake in the above details given by me, I will be entirely responsible for any consequences thereof. I have also retained the photocopy of the above details submitted.

**Signature of Authorized Signatory
of the Party with seal**

*** PLEASE ATTACH AN ORIGINAL CANCELLED CHEQUE.**

(TO BE FILLED UP BY ACCOUNTS BRANCH, MDU)

VENDOR ID. _____

Entered By: _____

The above details are checked by the undersigned and found correct.

Supdtt. (Cheque)

ACKNOWLEDGEMENT RECEIPT

I hereby acknowledge the receipt of the Vendor Detail Form at Sl.no. _____ dated _____ on behalf of M.D.University, Rohtak.

The Vendor Id of the Party for future reference may be obtained from the University Website under the link http://www.mdurohtak.ac.in/info/account_budget_2011.html which should be mentioned in all the bills raised henceforth. Consequences of mentioning wrong Vendor Id will be entirely borne by the Party itself.

Authorized Signatory