

DR. RML HOSPITAL, NEW DELHI

DDC Code & Name: PAO DR. RMLH, NEW DELHI

Date:

A	S No.	Particulars	Details									
Personal Details	1.	Type (Pensionable/ NPS)										
	2.	Name (Shri/Mr/Smt/Ms./Km/Dr.										
	3.	Gender										
	4.	Date of Birth										
	5.	PAN No.										
	6.	Aadhaar No.										
	7.	Date of Entry in Govt. service										
	8.	Date of Retirement										
	9.	Employee's Controller	MEDICAL SUPRINTENDENT DR. RML HOSPITAL, NEW DELHI									
10.	Date of joining above Controller											
Posting Details	11.	Current Office	DR. RML HOSPITAL, NEW DELHI									
	12.	Date of Joining above Office										
	13.	City Class (where employee is working)	(City Class 'X', 'Y', 'Z')									
	14.	Current Post in the Office (Designation)										
	15.	Group (Attached to post)	(Group 'A', 'B', 'C')									
	16.	Date from which working in Current Post										
	17.	Current Posting Mode										
Pay Details	18.	Pay Commission	7 th pay commission									
	19.	Pay Level	LEVEL									
	20.	Basic Pay										
	21.	Pay w.e.f. Date										
	22.	Next Increment Date										
PF/NPS Details	23.	PF Type	G.P.F (NOT APPLICABLE)					N.P.S				
	24.	A/C Maintained By (PF Agency)										
	25.	PF Series										
	26.	PF/ PRAN No										
CGEGIS/CGHS/ Category Details	27.	CGEGIS Applicable?										
	28.	Current CGEGIS Group	NOT APPLICABLE (Group 'A', 'B', 'C')									
	29.	Membership Date (in this Group)										
	30.	CGHS Deduction Applicable (Y / N)			YES				NO			
	31.	CGHS Card No #										
	32.	Category	(General, OBC, SC, ST)									
	33.	Ex-Serviceman (Y/N)			YES				NO			
ID/Contact Details	34.	Employee code by employer#										
	35.	Mobile No.										
	36.	E-Mail									@	
	37.	Physically Disabled?			YES				NO			
Bank Details	38.	IFSC Code										
	39.	Bank Name										
	40.	Bank Branch										
	41.	Bank Saving A/c No.										
B. Have taken Govt. Quarter?				Yes				No				
Sing. _____												

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	
Complete Permanent Address	
Telephone/Mob. Number/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?	Yes / No
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.