

**CENTRAL UNIVERSITY OF
KARNATAKA**

(Established by an Act of the Parliament in 2009)



Admin Building Kadaganchi Aland Road, District
Gulbarga 585 311
Phone (08477) – 226710 & 226711
Website: www.cuk.ac.in
Email: focukgul@gmail.com

F.No. 1518/F&A/2016-17/

Dt.11.04.2017.

CIRCULAR

The University is required to make the payments through RTGS / NEFT as per Govt. of India's policy. The University decided to directly credit payment to the beneficiary Account w.e.f 15.04.2017. Hence, the concerned departments / sections are hereby advised to ensure that before initiating the file for payments, the duly filled in Mandate Form with the beneficiary signature along with PAN No. and other relevant details are required to be furnished, to enable the Finance Department to implement the same.

Henceforth, the payments through cheques will be restricted to advance payments only for Maintaining the day to day affairs of the University and in exigencies.

This circular is issued with the approval of the Competent Authority.

Encl: Mandate Form


Finance Officer

FINANCE OFFICER
Central University of Karnataka
Kalaburagi - 585367

Copy to:

1. O/o The Hon'ble Vice Chancellor
2. O/o The Pro- Vice Chancellor
3. O/o The Registrar
4. All the Deans of Schools of studies
5. All the Section Heads / Incharge
6. Concerned file
7. Notice Board
8. System Analyst with a request to scroll the same on CUK website.

MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/EMAIL	

A. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH IFSC CODE	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LETEST)	
MICR CODE OF BANK	

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 user 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.

(.....)

Signature of Customer

(Bank's Stamp)

Date: