

**MANDATE FORM FOR E-PAYMENT**

**(For direct credit of retirement dues and / or any other dues from the  
Department of Telecommunication into the Bank Account of beneficiaries  
under E-payment Scheme)**

1. Name of Beneficiary :  
(in Block letters)
2. Address of the Beneficiary :  
[with phone no. & email ID  
(if any)]
3. Bank Account Number :
4. MICR Code of Bank :
5. IFSC of Bank :
6. Name and Address of the Bank  
Branch with phone no. :
7. Type of Account :
8. One Cancelled Cheque Enclosed :
9. Mobile No. :

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**Signature of Beneficiary**

**VERIFICATION CERTIFICATE FROM BANK**

This is to certify that the above particulars have been verified and found correct.

Place:

Date:

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**Signature of the Bank Manager with Seal**

**Forwarded**

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**Pension Sanctioning Authority / Competent  
Authority of Administrative Unit with Seal**