



**National Institute of Pharmaceutical Education and Research
Guwahati**

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान-गुवाहाटी
Sila Katamur, Changsari, Kamrup, Assam 781101

MANDATE FORM FOR PAYMENT OF FELLOWSHIP

1	NAME OF STUDENT	
2	DEPARTMENT	
3	YEAR OF ENROLLMENT	
4	PAN NUMBER	
5	AADHAAR NO	
6	EMAIL ID	
7	MOBILE NUMBER	

BANK ACCOUNT DETAILS (SBI only):-

1	ACCOUNT HOLDER'S NAME (as in pass book)	
2	COMPLETE BANK ACCOUNT NO.	
3	BANK NAME	
4	BRANCH NAME	
5	IFSC CODE	
6	MICR CODE OF BANK	

**enclose a self attested copy of the Bank Passbook First page*

I hereby declare that the particulars given above are correct and complete.

(Signature)

Name :

Department :