

Bank Details of the Beneficiary

A. DETAILS OF ACCOUNT HOLDER:

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER (LL/M)	
FAX	
EMAIL	

B. BANK ACCOUNT DETAILS

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS. TELEPHONE NUMBER AND EMAIL	
BRANCH CODE NO.	
IFSC CODE NO.	
TYPE OF THE BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

I / We certified that the information provided above is true to the best of my / our knowledge and belief. If any information found to be concealed, suppressed or incorrect at later date, MEDA will not be responsible for any inconvenience caused to the beneficiary or to the MEDA Empanelled Manufacturer / Project Developer / Integrator.

Signature.....
Name & Designation, Organization,
Address of the User/ Beneficiary (with Seal if available)

Place:
Date: