

**PART: D - MANDATE FORM**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENT.**

<b>A. DETAIL OF THE ACCOUNT HOLDER</b>	
NAME OF ACCOUNT HOLDER	NEW INDIA
COMPLETE CONTACT ADDRESS	<u>Regd. Address:</u> At/Po-Santhapur Dist: Dhenkanal, Pin: 759016
TELEPHONE NUMBER/FAX/E-MAIL	(06762) 221766 Mob: 09438394477 e-Mail: newindia-org@yahoo.com Fax: (06762) 221766
<b>B. BANK ACCOUNT DETAILS</b>	
BANK NAME	Bank of Baroda
BRANCH NAME & COMPLETE ADDRESS, TELEPHONE NUMBER, & E-MAIL.	Bajichouk, Po/Dist.-Dhenkanal. Pin-759001, PH No- 06762-226601
WHETHER THE BRANCH IS COMPUTERISED	Yes.
WHETHER THE BRANCH IS RTGS ENABLED? IF, YES, THEN WHAT IS THE BRANCH IFSC CODE	RTGS IFSC: BARBODHENKA
IS THE BRANCH ALSO NEFT ENABLED	Yes
TYPE BANK ACCOUNT (SB/ CURRENT/ CASH CREDIT)	SB
COMPLETE BANK ACCOUNT NUMBER (LATEST)	30180100002036 (Three Zero One Eight Zero One Zero Zero Zero Zero Two Zero Three Six)
MICR CODE	759012012

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 user institution responsible. I have read the option institution letter and agree to discharge the responsibility expected me as a participant under the scheme.

*N. P. Roy*  
**PRESIDENT**  
**NEW INDIA**  
Santhapur, Dkl., Orissa

*Sheshadeb Roue*  
**SECRETARY**  
Signature of the Investor/Customer  
(Date) **NEW INDIA**  
Santhapur, Dkl. Orissa

Certified that the particulars furnished above are correct as per our records.

Date: \_\_\_\_\_  
Bank's Stamp



*(Signature)*  
Signature of the authorized official of the Bank