

MANDATE FORM FOR TRANSFER OF PAYMENT THROUGH ECS

(Electronic Clearance Service)

Sl.No.	PARTICULARS	DETAILS
1.	Name of the Establishment	Centre For Air Borne System (CABS)
2.	Name of the Account	PLMSS2019CABS
3.	Particulars of Bank Account	
	(a) Bank Name	STATE OF BANK OF INDIA
	(b) Branch Name	ADE, BRANCH
	(c) Branch Address	ADE, NEW THIPPASANDRA P.O BANGALORE 560075
	(d) Branch Telephone No.	080- 25230506,25057867
	(e) MICR Code No.	560002070
	(f) Type of Account	CURRENT
	(g) Account No.	38608813063
4.	Bank code (IFS Code)	SBIN0006538

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

Signature of the Applicant

Name **C G ASHOK KUMAR**

Designation **SENIOR ACCOUNTS OFFICER**

ಕೃತೇ ನಿರ್ದೇಶಕ, ಕೆಬಿಸ್
For DIRECTOR, CABS

COUNTERSIGNED

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

ಕೃತೇ ನಿರ್ದೇಶಕ, ಕೆಬಿಸ್
For STATE BANK OF INDIA

ಮುಖ್ಯ ನಿರ್ದೇಶಕರು
A.D.E. Branch, Bangalore-560 075

Signature of the Bank

Date 27/11/2019