

# NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

PLEASE FILL THE FOLLOWING DETAILS FOR PAYMENT THROUGH N.E.F.T /R.T.G.S

Name of the Beneficiary (Fill in capital Letters) As per Bank Account														
Bank Account No (Beneficiary)														
Name of the Bank														
Name of the Branch														
IFSC Code of the Branch														
SWIFT Code /BIC Code (if needed)														
PAN No.														
Aadhar No.														
Mobile No.														
Email.ID														

Bill Amount Rs: .....TDS/Adjustment Rs: ..... Net Amount Rs: .....

(In Words) Rupees .....

.....

May be transferred to my bank account as per details above after TDS deduction.

**Please Tick (✓):**

**(Examiner/ External/Internal/Supplier/Contractor/Student/Faculty/Department/Center/Section)**

Name: .....

Signature:

Date:



**(For Office Use Only)**

Passed for Payment of Rs ..... (Rupees).....

.....

**Jr. Asst**

**Superintendent**

**Asst., Registrar**

**Dean, P&D**