



Welcome:
 User Type: **AGENCYADM**
 Agency: **RAJASTHAN STATE AIDS CONTROL SOCIETY**
 Financial Year: **2017-2018**



RSACS
 LOGO
 Change
 Password

Public Financial Management System-PFMS

(formerly CPSMS)

Controller General of Accounts, Ministry of Finance

- AdhocReports
- BharatKosh Reports
- Home
- E-Payment
- Health Module
- Reports
- My Details
- Masters
- My Schemes
- Agencies
- My Funds
- Transfers
- Advances
- Scheme Allocation
- Expenditures
- Bank
- Register/ Track Issue
- Misc. Deduction Filing
- Utilisation Certificate
- Accounting System Integration
- Bank Printing Templates

Instructions

All fields are mandatory. Please contact the concerned person in Ministry/Department from where funds are being released to you for necessary approval. In case any mandatory information is not available with you or registration please contact the concerned Ministry/Department. Unique Agency code is required for Agency communication with Program Division. This will be Agency Identity in system. Unique Code will be required for generating sanction ID, which is mandatory for release of funds to agency.

Agency Registration

Agency Registration Details

Agency/Institution Type: **Registered Societies (Govt.,Autonomous Bodies)**

Agency Name:

Act/Registration No:

Date of Registration(DD/MM/YYYY): 17/08/2017

-- Select --

Registering Authority: (If Registering Authority is not available then choose option Others)

State of Registration: RAJASTHAN

TIN Number: Not Required

TAN Number: Not Required

PAN Number: Not Required

Agency Office Address Details

State/UT: RAJASTHAN

District: -- Select --

Rural/Urban: Rural Urban

Block: -- Select --

Panchayat: -- Select --

Village: -- Select --

Pin Code:

Block No/Building/Village/Name Of Premises:

Road/Street/Post Office:

Area/Locality:

City:

Agency Contact Details

Contact Person:

Designation:

+ Alternate Phone

Phone No: Number (Phone Number Starting with Country Code). Maximum Phone number 10 digits excluding Country Code

Mobile number: + (Mobile No. starting with Country Code)

Email:



Word Verification:

MANDATE FORM

ELECTRONIC CLEARING SERVICE(CREDIT CLEARING)/GR REAL TIME GROSS SETTLEMENTS (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE	
NUMBER/FAX EMAIL	

B. BANK ACCOUNT DETAILS:-

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERSIED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LAST)	
MICR CODE OF BANK	

DATE OF EFFECT :-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

.....
Signature of Customer

Date :

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

(Bank's Stamp)

.....
Signature of Bank

Date :

- Please attach a photocopy of cheque along with verification obtained from Bank.
- In Case your Bank Branch is persently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above performa to the Department at earliest.