

ANNEXURE – A

Particulars for receiving the payment by ECS/NEFT

1. Name of the Claimant/Provider/Contractor/
Name of the Firm: **Finance and accounts officer, Solapur University, Solapur**
2. Name and address of the Office
(Wherever applicable): **Solapur-Pune Highway, Solapur, 413 255.**
3. Bank account number: **3177057679**
4. Type of Bank account: **Saving account**
5. Name of the Bank: **Central bank of India**
6. Name and address of branch of the bank: **Kondi branch, Kondi**
7. Branch Code of the bank: **282815**
8. M.I.C.R. number: **413016005**
9. I.F.C.S. Code number: **CBIN0282815**

Date: **09.03.2018**



Dr. V. S. Patil
Registrar 9-3-2018

Solapur University, Solapur
Registrar
Solapur University
Solapur.

Bank's Certificate

It is certified that I have verified the above said information and the same is proper.

[Signature]
Branch Head (Manager)

(Name & stamp of the branch of the bank)

