

Deposit Account Form

Customer's Details:

Name: _____

Address: _____

Phone: _____ (O) _____ (R)

Fax: _____ e-mail: _____

Account: Individual Institution

Demand Draft No. _____ Date: _____

Amount: . _____ Drawn on: _____

Payable to Director, NISCAIR, New Delhi.

Date:

Signature