NITR/SR/HEFA-000-Pymt/2021/L/000 dt.00.00.000

To

**Higher Education Financing Agency (HEFA),**

Stock Exchange Towers, #51, 1st Floor, 1st Cross,

J C Road, Bangalore Urban, Karnataka 560 027.

 **Sub: Process for Payment -- Disbursement Form - Consolidated for WT / TTT / LC / RTGS / NEFT**

Dear Madam / Sir,

Greetings! KFA the Payment Schedule pertaining to a purchase with details in the above reference. Kindly release the payment and update us, so as to process further.

|  |  |
| --- | --- |
| Name of the authorised signatory: | Prof.  |
| Contact number & Email ID | +91 82804 18041 & director@nitrkl.ac.in |
| Date & Ref. of sanction: | NITR/SAN/504/2019-20 Dt.03.02.2020 |
| Department Name: |  |
| Sanctioned Equipment details: |  |
| Procuring Faculty Name: | Prof.  |
| **Bill payment details:** |
| Gross value of the bill: | INR  |
| Less: Recoveries ,if any | INR NA |
| Other recoveries security deposit | INR NA |
| TDS-Income tax: | INR NA |
| TDS on GST:(2% Applicable on above 2.5 lakh) | INR  |
| Net amount payable to contractor / vendor: | INR  |
| Total of TDS and other recoveries to be remitted to the institute: | INR NA |
|  **VENDOR BANK DETAILS:** |
| Vendor / PMC / Contractor / Firm Name: |  |
| Bank Name: |  |
| Branch Name: |  |
| Account No: |  |
| IFSC code: |  |
| MICR Code: |  |
| Net Payable Amount: | INR  |
| **VENDOR DETAILS:** |
| Vendor / PMC / Contractor Name: |  |
| Contact Person Name: |  |
| Vendor Address : |  |
| PAN No / GSTIN: |  |
| Mail ID & Contact No: |  |
| Invoice No & Date: (Copy Enclosed) |  |

**Signature of the Indenter**

**FOR OFFICE USE ONLY**

**Dealing Assistant** **Dy. / Asst. Registrar (SR)** **Dean (SR)**

 [Member Secretary, Instt. HEFA Committee] [Chairman, Instt. HEFA Committee]

**Encl:**

1. Copy of PO / GeM Contract, Invoice, Photograph / Installation Report.

**Note:**

* Kindly find the relevant forms in the below link: <https://www.nitrkl.ac.in/FacultyStaff/sricce/Forms-GeneralInfo/>
* Kindly sent soft copy of Equipment Photograph and HEFA Disbursement Form to hefasr@nitrkl.ac.in