To,

The Finance Officer

Sikkim University

Gangtok - 737102

 **PFMS- FORM NO. 3**

 **REQUIRED BENEFICIARY DETAILS FOR REGISTRATION IN PFMS**

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | **PLEASE FILL IN BLOCK LETTERS ONLY** |
| FIRST NAME |  |
| MIDDLE NAME |  |
| LAST NAME |  |
| ROLL NO. |  |
| AADHAAR NO. |  |
| PAN NO. |  |
| DATE OF BIRTH  |  |
| GENDER |  |
| FATHER/HUSBAND NAME |  |
| MOBILE NO. |  |
| EMAIL |  |
| CASTE CATEGORY |  |
|  |  |
| **ADDRESS DETAILS** |  |
| STATE |  |
| DISTRICT |  |
| RURAL/URBAN |  |
| ADDRESS: |  |
| PIN CODE: |  |
|  |  |
| **BANK DETAILS:** |  |
| BANK |  |
| ACCOUNT NO. |  |
| BRANCH: |  |
| IFSC: |  |

**FORWARDED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HoD/IN-CHARGE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_**