**ANNEXURE-I**

**COPY OF BANK LIST FOR THIRD PARTY PAYMENTS / PAYMENTS TO EXTERNAL EXPERTS**

**A) SBI BENEFICIARIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr No.** | **Name of the beneficiary** | **SBI Branch** | **SBI A/c No.** | **IFSC Code** | **Amount in Rs.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **TOTAL (A)** | **…….** |

**B) OTHER BANK BENEFICIARIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr No.** | **Name of the beneficiary** | **Bank and branch** | **A/c No.** | **IFSC Code** | **Amount in Rs.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **TOTAL (B)** | **…….** |

**TOTAL AMOUNT (A+B)…………**

Soft copy of the bank list in the excel format forwarded to Accounts Section vide e-mail dated ……….

The bank details have been verified with documents submitted by beneficiaries and found correct.

(Signature)

[Name and Designation of bill(s) forwarding official(s)]

**Department/ Section:**

**Date:**