

BANK DETAILS FORM FOR TA CLAIM REIMBURSEMENT THROUGH ONLINE MODE
(to be attached with the Travel Claim Reimbursement Format)
(ONLY FOR SC/ST/PwBD CANDIDATES)

Date: _____

To
The Accounts Officer
Indian Oil Corporation Limited
Refineries HQ, Scope
Complex, Core-8
N Delhi- 110003

Dear Sir,

I hereby give my consent to accept the payments of claims on IOCL internet based online e-payments system at the sole discretion of IOCL. My Bank Account details for the said purpose are as under:-

Sl. No.	Particulars	Details
1.	Roll No.	
2.	Name of the Candidate	
3.	Category (SC/ST/PwBD)	
4.	Post Code & Name of the Post Applied for	Assistant Quality Control Officers
5.	Address of the Candidate	
6.	Core Bank Account Number (of the candidate)	
7.	Bank Branch Name and Address	
8.	IFSC Code	
9.	PAN No. (if allotted)	
10.	E-mail ID	
11.	Mobile No.	

Original cancelled cheque related to the above account number for verifying the accuracy of the bank details is enclosed.

I, hereby, declare that the particulars given by me above are correct and complete. If the transaction is delayed or not effected at all for whatever reasons of incomplete or incorrect information, I would not hold the user institution responsible.

(Signature of the Candidate)

Bank Verification is required only in case:

- a) Candidates not providing a cancelled cheque leaf (original) or if the candidate's name is not printed/ appearing on the cancelled cheque Leaf (original) submitted to IOCL.
- b) Change in existing details.
- c) Please attach photocopy of Bank Pass Book, if cancelled cheque leaf not attached.

Bank Verification

I hereby confirm that the above accounts details of account holder are correct in all respects and the account of Beneficiary (Candidate) is maintained at our Bank Branch.

(Authorized Signatory)
(Name of the Bank & Branch)