

**FINANCE DEPARTMENT**  
**Government of Mizoram**  
**BENEFICIARY REGISTRATION UNDER IFMIS**

---

**ANNEXURE-I (BENEFICIARY REGISTRATION FORM)**

Note: All asterisk \* marks are mandatory to fill

**A. BENEFICIARY DETAILS**

1. Type of Organization (any one)\*

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dealers and Suppliers | <input type="checkbox"/> Company     | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Contractor            | <input type="checkbox"/> Corporation | <input type="checkbox"/> Autonomous |
| <input type="checkbox"/> Societies             |                                      |                                     |

2. CIN/Firm/Office Regn. No\*: \_\_\_\_\_

**B. COMMUNICATION DETAILS**

❖ **Office/Business Address**

- a. House No. : \_\_\_\_\_
- b. Locality\* : \_\_\_\_\_
- c. City/Town/Village\* : \_\_\_\_\_
- d. District\* : \_\_\_\_\_
- e. Police Station\* : \_\_\_\_\_
- f. Post Office\* : \_\_\_\_\_
- g. Pin code\* : \_\_\_\_\_
- h. State\* : \_\_\_\_\_
- i. Country\* : \_\_\_\_\_

**C. ORGANIZATION DETAILS**

1. Designation of the Head of Office\*: \_\_\_\_\_
2. Mobile Number\*: \_\_\_\_\_ Email: \_\_\_\_\_
3. Registered Name of Office/Firm: \_\_\_\_\_
4. TIN Number: \_\_\_\_\_ PAN Number\*: \_\_\_\_\_
5. GSTIN Number\*: \_\_\_\_\_

**D. BANK DETAILS**

1. Beneficiary Name\* : \_\_\_\_\_
2. Bank Name\* : \_\_\_\_\_
3. Name of Bank Branch\*: \_\_\_\_\_
4. Bank Account No.\* : \_\_\_\_\_
5. MICR Code\* : \_\_\_\_\_
6. Bank IFSC Code\* : \_\_\_\_\_

**E. SUPPORTING DOCUMENTS\***

1. PAN Card/GSTIN of organization