

FINANCE DEPARTMENT
Government of Mizoram
BENEFICIARY REGISTRATION UNDER IFMIS

ANNEXURE-I (BENEFICIARY REGISTRATION FORM)

Note: All asterisk * marks are mandatory to fill

0 PFMS Agency Registration (SNA)

0 General Beneficiary

A. 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* : _____

B. BANK DETAILS

- 1. Beneficiary Name* : _____
- 2. Bank Name* : _____
- 3. Name of Bank Branch* : _____
- 4. Bank Account No.* : _____
- 5. Bank IFSC Code* : _____

D. SUPPORTING DOCUMENTS*

- 1. Bank Passbook/Any document showing bank A/c details