**(PLEASE SUBMIT THIS FORMAT ON YOUR LETTERHEAD)**

**FOR REPAYMENT OF FUNDS FROM GSFS**

**Date:\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of Entity:**  **Address:**  **E-mail:** | **Name of HOD:**  **Mobile No.:**  **E-mail:** |

**Name of Parent Department (Govt. of Gujarat) of Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit to be repaid (Name on Deposit Receipt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mention the Type of Funds of the deposit to be repaid by GSFS:**

|  |  |
| --- | --- |
| **(√)** | **Category of Fund** |
|  | GoG Funds – Grants/Contribution received from Government of Gujarat |
|  | GOI Funds – Grants/Contribution received from Government of India |
|  | Own Funds – Funds of Concerned GoG Entity |

**FD-GoG Approval File Number (For GoG/GOI Type of Funds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Scheme (For GoG/GOI Type of Funds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Deposit to be repaid:**

|  |  |  |  |
| --- | --- | --- | --- |
| **(√)** | **Type of Deposit** | **ICD Number**  **(Only in case of repayments of ICD)** | **Amount of Deposit** |
|  | Inter Corporate Deposit (ICD) |  |  |
|  | Liquid Deposit Scheme (LDS) |  |  |

**Payment details for transfer of funds by GSFS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(√)** | **Mode of Transfer** | **Bank Name** | **Bank Account No.** | **IFSC Code** | **Amount to be transferred** |
|  | RTGS/NEFT |  |  |  |  |
|  | Cheque | **------** | **------** | **-----** | **---------** |

**Any other instructions, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**For,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signatories Signature**

**(Please affix rubber stamp of entity)**