

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

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

Note: All asterisk \* marks are mandatory to fill

0 PFMS Agency Registration (SNA)

0 General Beneficiary

Purpose of Registration \* : \_\_\_\_\_

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

j. Mobile No \* : \_\_\_\_\_

**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\* (to be attached)**

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

2. PAN card

NB: Document attached must be clear and legible by naked eye and scanner.