

PROFORMA FOR COLLECTING DETAILS FOR
INETGRATING /RENDERING SERVICE WITH E-TREASURY

Name of office	
Address of the office	
Department (With dept code)	
Name of Revenue District	
Name of District/ Sub Treasury were transactions are made	
Office level	HOD/Regional/District/Sub
DDO Code of the office (Ten digit number)	
Name of contact person with designation	
Mobile Phone no of Contact person	
Name of agency which develops software	
Email id	
Type of Integration required	Application level / direct access to e-treasury portal
If department has own system name of application to be integrated	
Remarks	

Head of Accounts

Major Head	Sub Major - Minor -Sub Minor- Description

Signature of the Head of Office

For e-Treasury Office use only

Signature of the e-Treasury Officer	