



STATE BANK COLLECT

A MULTI-MODAL PAYMENT PORTAL

DISCLAIMER CLAUSE

Terms Used

- > **Corporate Customer:** Firm/Company/Institution (F/C/I) collecting payment from their beneficiaries.
- > **User:** The beneficiary making a payment to F/C/I for the services/goods availed.
- > Bank shall not be responsible, in any way, for the quality or merchantability of any product/merchandise or any of the services related thereto, whatsoever, offered to the User by the Corporate Customer. Any disputes regarding the same or delivery of the Service or otherwise will be settled between Corporate Customer and the User and Bank shall not be a party to any such dispute. Any request for refund by the User on any grounds whatsoever should be taken up directly with the Corporate Customer and the Bank will not be concerned with such a request.
- > Bank takes no responsibility in respect of the services provided and User shall not be entitled to make any claim against the Bank for deficiency in the services provided by the Corporate Customer.
- > The User shall not publish, display, upload or transmit any information prohibited under Rule 3(2) of the Information Technology (Intermediaries guidelines) Rules, 2011.
- > In case of non-compliance of the terms and conditions of usage by the User, the Bank has the right to immediately terminate the access or usage rights of the User to the computer resource of the Bank and remove the non-compliant information.

I have read and accepted the terms and conditions stated above.

(Click Check Box to proceed for payment.)

Proceed



INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI
INDIAN INSTITUTE OF MANAGEMENT, NIT CAMPUS, , TIRUCHIRAPPALLI-620015

Provide details of payment

Select Payment Category *

-- Select Category --

|

-- Select Category --

MANLIBNET 2018 - PARTICIPANTS

MANLIBNET 2018 - Sponsors/Exhibitors

Student Verification Fee

- Mandatory fields are marked with an asterisk (*)
- The payment structure document if available will
- Date specified(if any) should be in the format of

ent process.



INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI
INDIAN INSTITUTE OF MANAGEMENT, NIT CAMPUS, , TIRUCHIRAPPALLI-620015

Provide details of payment

Select Payment Category *

MANLIBNET 2018 - PARTICI ▾

Mandatory fields are marked with an asterisk (*)

Enter MANLIBNET 2018 (Within the Box) *

MANLIBNET 2018

C1

Enter CATEGORY *

--Select One-- ▾

--Select One--

DELEGATES

MANLIBNET of SALIS of ALA
REGULAR STUDENTS

C2

Submit



Provide details of payment

Select Payment Category *

MANLIBNET 2018 (Within the Box) *

CATEGORY *

Amount In Rs. *

a) Paper ID

b) Title

c) Name of the Participant *

d) Gender *

e) Organization / Institute *

f) City *

g) State *

h) Pincode *

i) Email ID *

j) Mobile No. *

k) Others Fee In Rs.

Remarks

- PLEASE CONFIRM THE DETAILS BEFORE PROCEEDING FOR PAYMENT. SAVE THE COPY OF E-RECEIPT FOR FUTURE REFERENCE. FOR ANY QUERIES PLEASE EMAIL TO manlibnet2018@iimtrichy.ac.in / eta@iimtrichy.ac.in

Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.

Name *

Date Of Birth / Incorporation *

Mobile Number *

Enter the text as shown in the image *



INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI
INDIAN INSTITUTE OF MANAGEMENT, NIT CAMPUS, , TIRUCHIRAPPALLI-620015

Provide details of payment

Select Payment Category *

-- Select Category --

-- Select Category --
MANLIBNET 2018 - PARTICIPANTS
MANLIBNET 2018 - Sponsors/Exhibitors
Student Verification Fee

contain detailed instructions about the online payment process.
'dmmyyy'. Eg., 02082008



Provide details of payment

Select Payment Category *

MANLIBNET 2018 - Sponso ▼

Name of the Organization/Institutions * **D1**

Category *

--Select Category-- ▼ **D2**

Name **D3**

Gender **D4**

City * **D5**

State * **D6**

Country **D7**

Pincode * **D8**

Email ID * **D9**

Mobile Number * **D10**

Amount in Rs. **D11**

Remarks **D12**

- PLEASE CONFIRM THE DETAILS BEFORE PROCEEDING FOR PAYMENT. SAVE THE COPY OF E-RECEIPT FOR FUTURE REFERENCE. FOR ANY QUERIES PLEASE EMAIL TO manlibnet2018@iimtrichy.ac.in / ela@iimtrichy.ac.in

Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.

Name * **D13**

Date Of Birth / Incorporation * **D14**



Mobile Number * **D15**

Enter the text as shown in the image * **D16**

DOFF3

Submit

Reset

Back