

**INVITATION OF RATE OF INTEREST  
FROM PUBLIC & PRIVATE SECTOR BANKS, CORPORATE BODIES  
AND AMC'S OF MUTUAL FUNDS IN VARANASI  
FOR THE INVESTMENT OF SURPLUS FUNDS OF BHU.**

The Banaras Hindu University desires to invest its surplus funds for different period slabs like **15-30 days, 31-45 days, 46-60 days, 61-90 days, 91-180 days, 181-270 days, 271-364 days, 01 year, 02 years, 03 years** and for more than **3-5 years**. The quantum of these deposits are generally above one Crore rupees. All the Public & Private Sector Banks, Corporate Bodies and AMC's of Mutual Funds of Varanasi are requested to furnish their effective rate of interest for various periods. These entities may quote their rates which are **valid at least for 05days**. *The validity of rates should be clearly mentioned in the rate chart*, failing which such banks/corporate bodies will not be considered for the investment. You may also ensure **that no TDS deduction is made on our payments. The interest income of the University is not liable for deduction of TDS u/s 194A, in view of exclusion under Clause (3)(iii)(f) vide notification S.O.3489 [No.170 (F.No.12/164/68-ITCC/ITJ)] dated 22-10-1970. Please note that University is established by the Parliament vide Notification No. 225 of 1916 and wholly financed by the Government.**

The above information may kindly be furnished **on enclosed Proforma "ANNEXURE-A & B (as applicable)" latest by 12:00 Noon on Monday, 14<sup>th</sup> May, 2018**, in a closed envelope super scribed with **"RATE OF INTEREST"**.

**BANARAS HINDU UNIVERSITY, VARANASI**  
**PROFORMA FOR QUOTING RATE OF INTEREST**

Name of Bank :..... Bank Branch:.....  
 Bank Address :..... IFSC Code :.....  
 Contact Person :..... NEFT/RTGS A/c. No. ....  
 Contact Number:.....  
 E.mail :..... Beneficiary Name : .....

Any other period														
Sr. No.	Particulars of Amount	15-30 days	31-45 days	46-60 days	61-90 days	91-180 days	181-270 days	271-364 days	1 years	2 years	3 years	5 years	Any other	Remarks
1.	Less than Rs.1.00 Crore													
2.	Rs.1.00 Crore & above but less than Rs. 5.00 Crore													
3.	Rs.5.00 Crore & above but less than Rs. 10.00 Crore													
4.	Rs.10.00 Crore & above but less than Rs. 25.00 Crore													
5.	Rs.25.00 Crore & above													
Maximum Limit upto which deposits can be accepted														

Special Remarks if any:.....  
 .....  
 .....

The above rates are valid upto **(Date should be clearly mentioned)**

**Please provide the following information positively for our records:**

1.	<b>Profit made in immediately preceding three years :</b>		
	2015-16	2016-17	2017-18
2.	Maintaining a minimum Capital to Risk <b>Weighted Assets Ratio of 9%*</b> or as per RBI		<b>Yes / No</b>
3.	Mentioned the <b>"NPA"</b> (Non Performing Assets) Ratio**		<b>%</b>
4.	Having a minimum net worth of not less than <b>Rs. 200 Crores.*</b>		<b>Yes / No</b>
<b>Note :</b>			
* Point No. 2 & 4 based on the last financial year i.e. <b>2017-18</b>			
** Point No. 3 Please Quote <b>NPA Ratio</b> for the immediate completed preceding quarter of the Bank as a whole.			
<b>Please give above Information, failing which such Banks/Corporate bodies may not be considered for the investment.</b>			

Dated : .....

Signature of Authorized Officer with Seal

**BANARAS HINDU UNIVERSITY, VARANASI**  
**PROFORMA FOR MUTUAL FUND PERFORMANCES.**

Name of AMC :

NAV Date :

Contact Person :

Contact Number :

Email :

Sr. No.	Name of Scheme	AUM (in Crore)	Exit Load	Exp. Ratio	YTM	Mod. Duration	1 Year	2 Year	3 Year	5 Year	Assets Allocation (%)				Remarks
											SOVEREIGN	AAA	AA	Others	
<b>A.</b>	<b>For 1 year horizon</b>														
<b>B.</b>	<b>For 3-5 year horizon</b>														
<b>C.</b>	<b>For G-Sec Investment</b>														
<b>D.</b>	<b>For ETF/ Index Fund etc.</b>														

- Note :-**
- (1) Provide documentary proof for information furnished in the above table.
  - (2) Provide two best scheme only in each category.
  - (3) Please attach Bank Details :- Name of the Bank, Branch, Account No., IFS Code & Beneficiary Name.

Date : .....

Place : .....

Signature of Authorized Officer with Seal