



Payments through Electronic Mode/NEFT

HOSPITAL CODE	:	<input type="text"/>
NAME OF THE HOSPITAL	:	<input type="text"/>
ADDRESS OF THE HOSPITAL	:	<input type="text"/>
PAN NO	:	<input type="text"/>
EMAIL ID FOR COMMUNICATIONS	:	<input type="text"/>
CONTACT NAME & NUMBER	:	<input type="text"/>

Bank Details (Current A/C)

PAYEE NAME AS PER BANK ACCOUNT	:	<input type="text"/>
CA- BANK ACCOUNT NUMBER	:	<input type="text"/>
NAME OF THE BANK	:	<input type="text"/>
NAME OF THE BRANCH	:	<input type="text"/>
BRANCH CODE NUMBER	:	<input type="text"/>
ADDRESS OF THE BRANCH	:	<input type="text"/>
IFSC CODE OF THE BRANCH	:	<input type="text"/>

We undertake to inform any change to the above information immediately to the Company. We are also enclosing a copy of Cheque for the above Bank Account for further verification of the above data.

Hospital Stamp & Signature of Authorized Person

Note:

- 1. We shall make payment directly to your above said bank account and shall not be responsible for any wrong payment made due to mistake in particulars submitted by hospital.**
 - 2. Copy of a cancelled Cheque leaf is to be attached along with this application**
- N. B.: Name of the hospital must be printed on copy of Cheque. In absence of printed Cheque please enclose copy of bank confirmation letter along with copy of Cheque.***