TATA MEMORIAL HOSPITAL, PAREL

ACADEMICS OFFICE

[NATIONALIZED ELECTRONIC FUNDS TRANSFER]

1.	ACCOUNT HOLDER'S NAME	:			0 '' 11 ''			
				(FIII IN	Capital lett	ers)		
2.	TYPE OF BANK ACCOUNT	:	Savings A	4/c /	Current A/o	;		
3.	BANK NAME	:						
4.	BRANCH NAME & ADDRESS	:						
5.	IFSC CODE							
		(Indi	ian Financi	ial Systa	m Code)			
		(IIIai	an i manoi	ui Oyoto	iii Gode,			
6.	BANK ACCOUNT NUMBER :							
7.	MOBLIE NUMBER :							
8.	E-mail ID :							
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	EBY CERTIFIED THAT THE PARTICI EST OF MY KNOWLEDGE.	ULAKS FU	JKNISHED	ABOVE	ARE COR	RECT AI	ND A5	
A/c Ho	lder's Signature : ()					
DATE:	:							