

TATA MEMORIAL HOSPITAL, PAREL

ACADEMICS OFFICE

[ NATIONALIZED ELECTRONIC FUNDS TRANSFER ]

1. ACCOUNT HOLDER'S NAME : \_\_\_\_\_  
(Fill in Capital letters)

2. TYPE OF BANK ACCOUNT : Savings A/c / Current A/c

3. BANK NAME : \_\_\_\_\_

4. BRANCH NAME & ADDRESS :

5. IFSC CODE 

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(Indian Financial System Code)

6. BANK ACCOUNT NUMBER : 

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7. MOBLIE NUMBER : 

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8. E-mail ID : \_\_\_\_\_

I HEREBY CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AND AS PER BEST OF MY KNOWLEDGE.

A/c Holder's Signature : (.....)

DATE :