



Refund Form



Patanjali Yogpeeth Haridwar

Delhi-Haridwar National Highway, Near Bahadrabad, Haridwar, Uttarakhand, India - 249405

Date: 29-12-2022

To,
Seva Pramukh
Patanjali Wellness Center

I request you to please refund my money due to following reason. Details given below:

Health Seekers Name: PRASAD VAIDYANATHAN IYER

Room No: 1014,1019,1026,1027,4119,4325,4401,4425,6007,7027,7103

Date of Arrival: 10-07-2022

Payment Date: 27-09-2022

Deposit Amount: 20

IFSC Code: SBIN009401

Account Number: 11032758783

Mobile Number: 9557973243

Address:

Date of Discharge: 11-08-2022

Mode of Payment: Bank Transfer

Bank: STATE BANK OF INDIA

Account Holder Name:MRINAL ROY

Transaction Details									
Mode	Card	Receive/Refund Date	10-07-2022	Type	Receive	TransactionId		Amount	60000
Mode	Card	Receive/Refund Date	14-07-2022	Type	Receive	TransactionId		Amount	40800
Mode	Bank Transfer	Receive/Refund Date	22-07-2022	Type	Receive	TransactionId	S81838875	Amount	33600
Mode	Card	Receive/Refund Date	25-07-2022	Type	Receive	TransactionId		Amount	33600
Mode	Bank Transfer	Receive/Refund Date	29-07-2022	Type	Receive	TransactionId	S20446331	Amount	29400
Mode	Card	Receive/Refund Date	05-08-2022	Type	Receive	TransactionId		Amount	42000
Mode	Cash	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId		Amount	2000
Mode	Cash	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId		Amount	1000
Mode	Card	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId	12465	Amount	12500
Mode	Card	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId	13132	Amount	12500
Mode	Cash	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId		Amount	15000
Mode	Online	Receive/Refund Date	08-09-2022	Type	Receive	TransactionId	pay_KFNiKq4d7CLMQV	Amount	3000
Mode	Cash	Receive/Refund Date	10-10-2022	Type	Receive	TransactionId		Amount	250
Mode	Card	Receive/Refund Date	21-10-2022	Type	Receive	TransactionId	456	Amount	2500
Mode	Card	Receive/Refund Date	21-10-2022	Type	Receive	TransactionId	123	Amount	10000
Mode	Card	Receive/Refund Date	06-11-2022	Type	Receive	TransactionId	csc	Amount	250
Mode	Card	Receive/Refund Date	14-11-2022	Type	Receive	TransactionId	asfasf	Amount	6000
Mode	Card	Receive/Refund Date	14-11-2022	Type	Receive	TransactionId	asfasf	Amount	6500
Mode	Card	Receive/Refund Date	14-11-2022	Type	Receive	TransactionId	cacas	Amount	200
Mode	Card	Receive/Refund Date	15-11-2022	Type	Receive	TransactionId	asc	Amount	250
Mode	Online	Receive/Refund Date	22-11-2022	Type	Receive	TransactionId	pay_Kj4ZVyrOFpKjYv	Amount	500
Mode	Card	Receive/Refund Date	23-11-2022	Type	Receive	TransactionId	asda	Amount	300
Mode	Cash	Receive/Refund Date	28-11-2022	Type	Receive	TransactionId		Amount	1
Mode	Cash	Receive/Refund Date	28-11-2022	Type	Receive	TransactionId		Amount	1
Mode	Cash	Receive/Refund Date	01-12-2022	Type	Receive	TransactionId		Amount	500
Mode	Cash	Receive/Refund Date	26-12-2022	Type	Receive	TransactionId		Amount	880
Mode	Cash	Receive/Refund Date	26-12-2022	Type	Receive	TransactionId		Amount	880
Mode	Cash	Receive/Refund Date	26-12-2022	Type	Receive	TransactionId		Amount	880
Mode	Cash	Receive/Refund Date	02-09-2022	Type	Refund	TransactionId		Amount	33600
Mode	Cash	Receive/Refund Date	07-09-2022	Type	Refund	TransactionId		Amount	5000
Mode	Cash	Receive/Refund Date	08-09-2022	Type	Refund	TransactionId		Amount	340
Mode	Bank Transfer	Receive/Refund Date	14-09-2022	Type	Refund	TransactionId	fefefef	Amount	200
Mode	Bank Transfer	Receive/Refund Date	14-09-2022	Type	Refund	TransactionId	vsdv	Amount	10
Mode	Bank Transfer	Receive/Refund Date	18-09-2022	Type	Refund	TransactionId	scscsc	Amount	200
Mode	Bank Transfer	Receive/Refund Date	27-09-2022	Type	Refund	TransactionId	dvsdv	Amount	100
Mode	Bank Transfer	Receive/Refund Date	19-10-2022	Type	Refund	TransactionId	ergerg	Amount	30
Mode	Bank Transfer	Receive/Refund Date	20-10-2022	Type	Refund	TransactionId	12345	Amount	100

By Office

MR Number: 22071007575959

Refund Amount:

Reason for Refund: TEST

Refund Permitted By:

Need to Attach Documents:

Booking Id: .IPD2223000055594

Refund Days %:

Cancelled Cheque/Bank Statement/Payment Receipt:

Front Office Head
Signature

Authorized
Signature

Health Seekers
Signature