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NAME OF	HE VENDOR /CONTRACTOR /	
	SERVICE PROVIDER ETC.	

- POSTAL ADDRESS OF THE VENDOR / CONTRACTOR / SUPPLIER / SERVICE PROVIDERFIE
- NAME & CONTACT DETAILS OF THE RESPONSIBLE PERSON / CONTACT PERSON
- TYPE OF BUSINESS tick in appropriate box;
- ORGANIZATIONAL DETAILS tick in appropriate Box!
- STATUTORY INFORMATION iffease submit self-attested copy)

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in the following it opted for payment receipt through Electronic Clearning Service (NEFT, RTGS)

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- A NAME OF THE BANK
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- D BANK ACCOUNT NUMBER TYPL OF THE BANK ACCOUNT transa per a appropriate post
 - o Physician Separation Code Co. 185 cade of the three Branch

	Canara Bank	
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DECLARATION

IAVe berein drobus that the particulars are given above are correct, complete and true to someways. I/We willing to/not walling to accept the payment through ECS, NEFT/RGTS of the electronic transaction / transfer is decreed of not effected at all foregissons of incomplete or incorrect information, I we shad not held the lastitude responsible 1/ We shad abote by the institutes' rules & regulations under any circumstances.

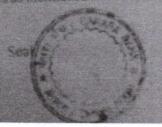
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Mis P. Kharshing Seal of the Organization

Proprietor

Cert. Sed that the Bank perticulars as mentioned above are correct.

Date 24/7/19



Simpnature of	Authorized Representat	
	phrikerin Kharshing	

Date