CREATE MULTIPLE BENEFICIARY REQUEST

Title	Name	City	Postal Code	AADHAAR	PAN	Account Number	IFS Code	GSTIN
Mr	DODDI VEERRAO	VIZIANAGA RAM	535183	412884348362	EPKPD6769 G	14571010011 4638	UBIN08145 71	
Mr	KANURI SURIBABU	VIZIANAGA RAM	535160	371301672977	JPYPK3804L	62191246863	SBIN002065 4	
Mr	NALIGIRI VENKATA RAO	VIZIANAGA RAM	535161	319455402940	ATEPN3793J	11329594670	SBIN000167 3	
Ms	BUDDAKAYALA VIJAYALAKSHMI	VISAKHAP ATNAM	530026	936762450952	AIOPB5230F	73154891420	APGV00033 28	
Ms	CHINTALA BHARATHI	VIZIANAGA RAM	535591	418330190819	GEGPB8189 K	57330201000 0879	UBIN05573 31	
Mr	ROMPELLI VENKATARAMANA	PARVATHI PURAM	535527	345566208221	AJKPR4577J	32144904812	SBIN001438 6	
Mr	KOTTAPALLI SEKHAR	VIZIANAGA RAM	535216	331814932760	CDLPK9592F	30669439513	SBIN000269 8	
Ms	SIRIKI ADILAKSHMI	VIZIANAGA RAM	535240	967150533069	GLRPP8558J	40462468792	SBIN001882 8	
Mr	NAIDU PAIDITHALLI	VIZIANAGA RAM	535591	398616276942	ALAPN0444N	11370799086	SBIN001581 0	

DECLARATION

1. I hereby declare that the Vendor / Beneficiary create request(s) proposed above has been thoroughly verified by this Office.

2. Beneficiary details have been verified with reference to Original documents of Bank A/c / AADHAAR / PAN and found that they are correct. I am solely responsible for any omissions found later and liable for the losses sustained if any and further action thereon, as per Rules.

3. I hereby certify that the documents forming basis for this Vendor / Beneficiary creation are retained and preserved in this office record.

4. I hereby declare that the requests proposed herein are bonafide and as per the document taken on record of this office, also declare that I am authorized as per rules to approve the requests.

Name of Person	: NARAYANASWAMY JAMI
Employee ID	: 14345963
DDO Code	: 22070308004
Name of the Office	: MANDAL EDUCATION OFFICE G L PURAM
Request Number	: 8089518
Request Date and Time	: 03-07-2023 22:40:15