

CREATE MULTIPLE BENEFICIARY REQUEST

Title	Name	City	Postal Code	AADHAAR	PAN	Account Number	IFS Code	GSTIN
Ms	MANTRI SAROJINI	SRIKAKULAM	532001	613339647561	AWOPV2499J	34065965122	SBIN0000919	

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	: 8076718		
Request Date and Time	: 19-06-2023	16:24:48	