



We understand your world

Deposit Slip जमा पर्ची
(Customer Copy / ग्राहक प्रति)

Date/दिनांक:

31 05 2024

Account Number / खाता संख्या

5020 000 741 4278

Credit Card Number / क्रेडिट कार्ड संख्या

[Empty credit card number boxes]

Loan Account No.:

(✓ Please Tick)

[Empty loan account number boxes]

Name / नाम :

M/S DCDC Health Services PVT. LTD.

Cash/Cheque Details/रोकड़/चेकों का विवरण	Cheque No./चेक नं.	Rupees/रुपये
Total Rs. / कुल राशि		

HDFC BANK LTD.
 SCO 202-203, Urban Estate, Jind
 Initials: *[Signature]*
31 MAY 2024
CASH RECEIVED
 Sign: *[Signature]*

Rupees (In words): रुपये (शब्दों में) Fourteen thousands Six hundred Two Rupees only

Depositor's Name/
जमाकर्ता के नाम

Depositor's Signature/
जमाकर्ता के हस्ताक्षर

Teller's Signature/
खजांची के हस्ताक्षर

Cheque details /

RU
रुप