



We understand your world

9

Date/दिनांक:

Deposit Slip जमा पर्ची
(Customer Copy / ग्राहक प्रति)

Account Number / खाता संख्या

50200007414278

Credit Card Number / क्रेडिट कार्ड संख्या

Blank credit card number fields

Loan Account No.:

(✓ Please Tick)

Blank loan account number fields

Name / नाम :

DrDC Health Services Pvt (r)

Cash/Cheque Details / रोकड/चेकों का विवरण

Cheque No. / चेक नं.

Rupees/रुपये

Handwritten signature and scribbles

49100

Total Rs. / कुल राशि

Rupees (In words):
रुपये (शब्दों में)

Twenty nine Thousand and 49100

Depositor's Name / जमाकर्ता के नाम

Handwritten name: DrDC Health Services Pvt

Depositor's Signature / जमाकर्ता के हस्ताक्षर

Handwritten signature

Teller's Signature / खांजीची के हस्ताक्षर

Blank teller signature line

Bank stamp: 16 NOV 2021