



We understand your world

Deposit Slip जमा पर्ची
(Customer Copy / ग्राहक प्रति)

Date / दिनांक:

04052024

Account Number / खाता संख्या

50200007414278

Credit Card Number / क्रेडिट कार्ड संख्या

[Blank credit card number fields]

Loan Account No.:

(✓ Please Tick)

Name / नाम :

DCDC health services

Cash/Cheque Details / लेख/चेक का विवरण

Cheque No. / चेक नं.

Rupees / रुपये

ALAMBAGH, LUCKNOW-226001
BRANCH CODE-0722

Cash

04 MAY 2024

35200

CASH RECEIVED

Signature:

Total Rs. / कुल राशि

Rupees (In words)

रुपये (शब्दों में)

thirty five thousand and two hundred

Depositor's Name/ जमाकर्ता के नाम

father

Depositor's Signature जमाकर्ता के हस्ताक्षर

[Signature]

Teller's Signature/ खजांची के हस्ताक्षर

[Signature]