

HDFC BANK

We understand your world

Deposit Slip जमा पर्ची
(Customer Copy / ग्राहक प्रति)

Date / दिनांक:

31 08 2024

Account Number / खाता संख्या

50200007414278

Credit Card Number / क्रेडिट कार्ड संख्या

[Empty credit card number boxes]

Loan Account No.:

(✓ Please Tick)

[Empty loan account number boxes]

Name / नाम

~~DCDC Health Services Pvt. Ltd.~~

Cash/Cheque/Details / नकद/चेक का विवरण

Salargunj Gate Police Station

Branch / शाखा

Salargunj Gate P

31 AUG 2024

31 AUG

CASH RECEIVED

CASH RE

Signature :

[Handwritten Signature]

Signature :

Total Rs. / कुल राशि

1013/-

Rupees (In words):
रुपये (शब्दों में)

One thousand thirteen

[Handwritten Signature]

Depositor's Name/
जमाकर्ता के नाम

[Handwritten Signature]

Depositor's Signature/
जमाकर्ता के हस्ताक्षर

Teller's Signature/
खजांची के हस्ताक्षर