



# MAHARASHTRA GRAMIN BANK

(An Scheduled Bank established by Government of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD -431003

BRANCH - Ahmednagar

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/ NEFT centre and beneficiary are as under.

DATE : 07/01/2023

1. Name of the beneficiary : Deepak Prakash Sisodiya

2. Bank Name : State Bank of India

3. Branch Name : damner

4. Account No. : 

3	9	0	8	4	1	8	1	2	3	0									
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5. IFSC Code : 

S	B	I	N	0	0	0	3	3	8	5
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Contact No. : 

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6. UTR No. : MAH523007073005

(to be filled by the Branch)

Applicant's Name : Ishak Vastanvi Homoeopathic Hospital.

Account No. : 

8	0	0	7	6	8	4	9	5	1	8
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Account Type : Savings / Current / CC / OD etc.)

PAN No. : 

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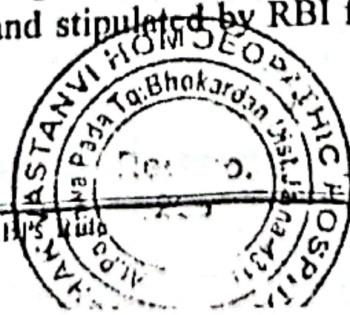
RTGS/NEFT Amount : ₹ 60.000

Charges : ₹ \_\_\_\_\_

Total : ₹ \_\_\_\_\_

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



Habib  
Applicant's Signature.

Note : Remittance would be effected as per RBI's

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PRAO/10/2021

(Customer Copy)



**Maharashtra Gramin Bank**  
A Scheduled Bank Established by Govt. of India  
Sponsor Bank / Bank of Maharashtra

Head Office : Golwadi, Aurangabad - 431 010.

BRANCH : \_\_\_\_\_

**Acknowledgement of RTGS/NEFT Fund Transfer**

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 5/4/2023

- 1. Name of the beneficiary : Javed Harun Sheikh
- 2. Bank Name : State Bank of India
- 3. Branch Name : Bhokardan
- 4. Account No. : 

4	0	5	0	0	6	7	4	5	6	4				
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- 5. IFSC Code : 

S	B	I	N	0	0	2	0	0	0	9
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- Contact No. : 

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- 6. UTR No. : MAH 01 23095074858

*MAH 01 23095074858*  
(to be filled by the Branch)

- Applicant's Name : Ishak Veeravai Homoeopathic Hospital.
- Account No. : 

8	0	0	7	6	8	4	9	5	1	8
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- Account Type : Savings / Current / CC / OD etc.)
- PAN No. : 

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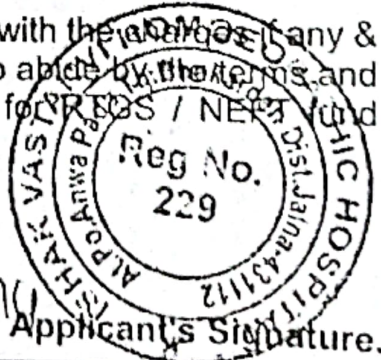
RTGS/NEFT Amount	₹: <u>24000</u>
Charges	₹: <u>59</u>
Total	₹: _____

I authorised to debit my account with your branch alongwith the amount of any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature

*Handwritten signature*

Halima



Applicant's Signature.

Note : Remittance would be effected as per RBI's Rule



**Maharashtra Gramin Bank**  
A Licensed Bank Enclosed by Govt. of India  
Sponsor Bank of Maharashtra

Head Office : Golwadi, Aurangabad - 431 010.

BRANCH : Anwar

**Acknowledgement of RTGS/NEFT Fund Transfer**

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 5/4/2023

- 1. Name of the beneficiary : Raees Khan Rafique Khan
- 2. Bank Name : Central Bank of India
- 3. Branch Name : Pipalgaon
- 4. Account No. : 

3	7	9	7	9	2	3	1	2	3				
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- 5. IFSC Code : 

C	B	I	N	0	2	8	1	9	5	8
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- Contact No. : 

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- 6. UTR No. : MARIGR23095074870  
(to be filled by the Branch)

Applicant's Name : Islak Vastanvi Homoeopathic Hospital.

Account No. : 

8	0	0	7	8	8	4	9	5	1	8
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Account Type : Savings / Current / CC / OD etc.)

PAN No. : 

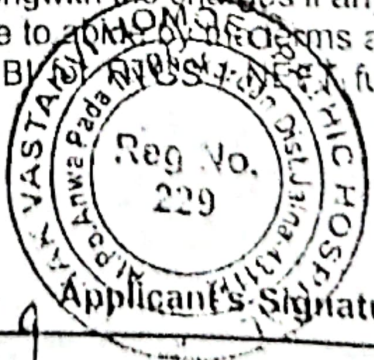
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RTGS/NEFT Amount	₹: <u>24000</u>
Charges	₹: <u>59</u>
<b>Total</b>	₹: _____

I authorised to debit my account with your branch along with the charges if any & remit the same fund as per details given. I /We agree to all terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance

Branch seal & Signature

*Handwritten signature*



Applicant's Signature. Healing

Remittance would be effected as per RBI's Rule



**Maharashtra Gramin Bank**  
A Scheduled Bank Established by Govt. of Maharashtra  
Sponsor Bank / Bank of Maharashtra

Head Office : Golwadi, Aurangabad - 431 010.

BRANCH : ANWU

**Acknowledgement of RTGS/NEFT Fund Transfer**

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 5/4/2023

- 1. Name of the beneficiary : Vidya Girish Patil
- 2. Bank Name : IDBI Bank
- 3. Branch Name : Jamner.
- 4. Account No. : 

0	6	5	9	1	0	4	0	0	0	2	3	6	7	6
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- 5. IFSC Code : 

I	B	K	L	0	0	0	0	6	5	9
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- Contact No. : 

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- 6. UTR No. : MARIGM23095074902  
(to be filled by the Branch)

- Applicant's Name : Ishak Vastanvi Homoeopathic Hospital.
- Account No. : 

8	0	0	7	6	8	4	9	5	1	8
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- Account Type : Savings / Current / CC / OD etc.)
- PAN No. : 

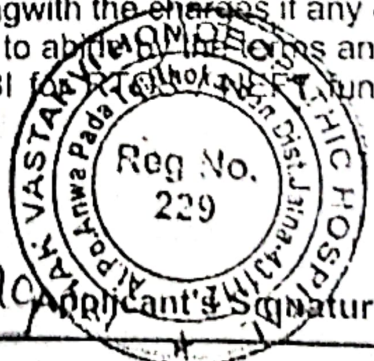
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RTGS/NEFT Amount	₹:	<u>49600</u>
Charges	₹:	<u>5.9</u>
<b>Total</b>	₹:	

I authorised to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance.

Branch seal & Signature

Applicant's Signature.



06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

(A scheduled bank established by Govt. of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - ANWA

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under.

DATE : 5/4/2023

1. Name of the beneficiary: Deepak Prakash Sisodiya

2. Bank Name: State Bank of India

3. Branch Name: Jamner

4. Account No.: 

3	9	0	8	4	1	8	1	2	3	0				
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5. IFSC Code: 

S	B	I	N	0	0	0	3	3	8	5
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Contact No.: 

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6. UTR No. MAH23095074885  
(to be filled by the Branch)

Applicant's Name: Ishak Vastanvi Homoeopathic Hospital

Account No.: 

8	0	0	7	6	8	4	9	5	1	8
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Account Type: Savings / Current / CC / OD etc.)

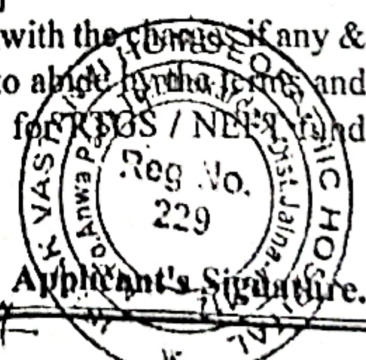
PAN No.: 

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RTGS/NEFT Amount	: ₹ <u>23133</u>
Charges	: ₹ <u>5.9</u>
<b>Total</b>	: ₹ _____

I authorise to debit my account with your branch along with the charges if any & remit the same fund as per details given. I/We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance.

Branch seal & Signature



Note: Remittance would be effected as per RBI's Rule

06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt. of India)  
Sponsor Bank: Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - Anwa,

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE : 6/5/23

- Name of the beneficiary : Vidya Girish Patil
- Bank Name : IDBI Bank
- Branch Name : Jamner.
- Account No. : 

0	6	5	9	1	0	4	0	0	0	0	2	3	6	7	6
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- IFSC Code : 

1	B	K	L	0	0	0	0	6	5	9
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- Contact No. : 

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- UTR No. : MHRTGN23126078073

(to be filled by the Branch)

- Applicant's Name : Ishakvaslanvi Homoeopathic Hospital.
- Account No. : 

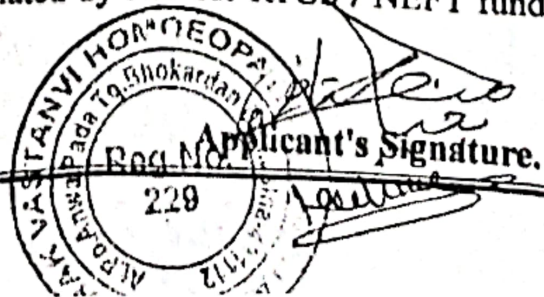
8	0	0	7	6	8	4	9	5	1	8
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- Account Type : Savings / Current / CC / OD etc.)
- PAN No. : 

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RTGS/NEFT Amount	: ₹ <u>24800</u>
Charges	: ₹ <u>5.9</u>
Total	: ₹ <u>          </u>

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



Note : Remittance would be effected as per RBI's Rule



# MAHARASHTRA GRAMIN BANK

State Bank of India (SBI) Group  
Sponsor of Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD-431003

BRANCH - Anwar

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 13/06/2023

1. Name of the beneficiary: Vidya Girish Patil

2. Bank Name: IDBI Bank

3. Branch Name: Amner

4. Account No.: 

0	6	5	9	1	0	4	0	0	0	0	2	3	6	7	6
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5. IFSC Code: 

1	B	K	L	0	0	0	0	6	5	9
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Contact No.: 

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6. UTR No. MHGM 23/63075052  
(to be filled by the Branch)

Applicant's Name: Ishak Vastanvi Homoeopathic Hospital

Account No.: 

8	0	0	7	6	8	4	9	5	1	8
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Account Type: Savings / Current / CC / OD etc.

PAN No.: 

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RTGS/NEFT Amount	: ₹ <u>24800</u>
Charges	: ₹ <u>5-9</u>
Total	: ₹ <u>          </u>

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance

Branch seal & Signature

Applicant's Signature  
*Ishak Vastanvi*  
ISHAK VASTANVI HOMOEPATHIC HOSPITAL  
M.P.O. 23/63075052  
ANWAR

Note: Remittance would be effected as per RBI's Rule

06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

Reserve Bank of India (RBI) Approved  
Sponsor Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - Anwar

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE : 13/06/2023

- 1. Name of the beneficiary : Shaikh Rizwan SK Nawab.
- 2. Bank Name : HDFC Bank.
- 3. Branch Name : Silloot.
- 4. Account No. : 

S	0	1	0	0	2	7	5	4	0	8	0	7	6
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- 5. IFSC Code : 

H	D	F	C	0	0	0	2	1	4	5
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- Contact No. : 

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6. UTR No. : MAHGR23164075000  
(to be filled by the Branch)

Applicant's Name : \_\_\_\_\_

Account No. : 

8	0	0	7	6	8	4	9	5	1	8
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Account Type : Savings / Current / CC / OD etc.)

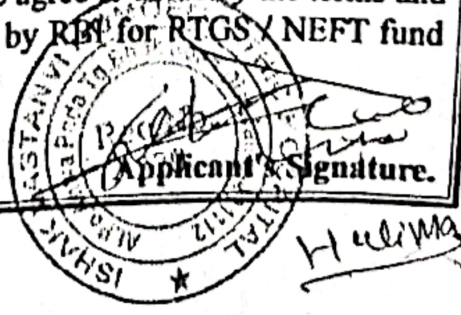
PAN No. : 

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RTGS/NEFT Amount	: ₹ <u>11460</u>
Charges	: ₹ <u>5.9</u>
Total	: ₹ _____

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I/We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance.

Branch Seal & Signature



Note : Remittance would be effected as per RBI's Rule



06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt. of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD -431603

BRANCH - Anwar.

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/ NEFT centre and beneficiary are as under. DATE : 26/07/2023

- 1. Name of the beneficiary : Vidya Girish Patil
- 2. Bank Name : IDBI Bank
- 3. Branch Name : Tamner
- 4. Account No. : 

0	6	5	9	1	0	4	0	0	0	0	2	3	6	7	6
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- 5. IFSC Code : 

1	B	K	L	0	0	0	0	6	5	9
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- Contact No. : 

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6. UTR No. : MAHGR23207070299  
(to be filled by the Branch)

Applicant's Name : Shak Vastanvi Homoeopathic Hospital.

Account No. : 

8	0	0	7	6	8	4	9	5	1	8
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Account Type : Savings / Current / CC /OD etc.)

PAN No. : 

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I GS/NEFT Amount	:	₹ <u>24800</u>
Charges	:	₹ <u>5.9</u>
Total	:	₹ <u>24805.9</u>

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature

Reg. No. 231  
Applicant's Signature.

Note : Remittance would be effected as per RBI's Rule



**MAHARASHTRA GRAMIN BANK**

(A Scheduled Bank established by Govt of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - Anwar

Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 26/07/23.

1. Name of the beneficiary: Abhay Ramkishor Sharma

2. <sup>Vide</sup> Bank Name: HDFC Bank

3. Branch Name: Sillod

4. Account No.: 

5	0	1	0	0	3	8	6	9	8	6	8	7	2
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5. IFSC Code: 

H	D	F	C	0	0	0	2	1	4	5
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Contact No.: 

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6. UTR No. MPT1GN23207070246

(to be filled by the Branch)

Applicant's Name: Shakvastanvi Homoeopathic Hospital

Account No.: 

8	0	0	7	6	8	4	9	5	1	8
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Account Type: Savings / Current / CC / OD etc.

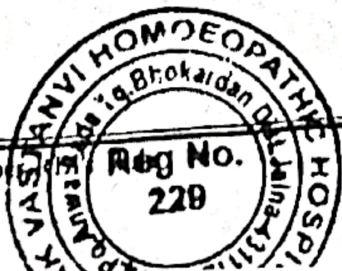
PAN No.: 

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RTGS/NEFT Amount	:	₹	<u>24800</u>
Charges	:	₹	<u>5.9</u>
Total	:	₹	<u></u>

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I / We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



[Signature]  
Applicant's Signature.

Note: Remittance would be effected as per



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt. of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE : TOWN CENTRE CIDCO, AURANGABAD -431003

BRANCH - Amwaj

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under.

DATE : 26/07/23

1. Name of the beneficiary : Shaikh Rizwan SK Nawab

2. Bank Name : HDFC Bank

3. Branch Name : Sillod

4. Account No. 775 : 

5	0	1	0	0	2	7	5	4	0	8	0	7	6
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5. IFSC Code : 

H	D	F	C	0	0	0	2	1	4	5
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Contact No. : 

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6. UTR No. MAR19 H23 207070261  
(to be filled by the Branch)

Applicant's Name HP : Ishak Vastanvi Homoeopathic Hospital.

Account No. HP : 

8	0	0	7	6	8	4	9	5	1	8
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Account Type HP : Savings / Current / CC / OD etc.)

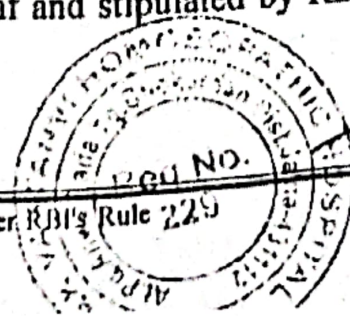
PAN No. : 

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RTGS/NEFT Amount	:	₹ <u>34800</u>
Charges	:	₹ <u>50</u>
Total	:	₹ <u>          </u>

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



Applicant's Signature. HP

06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Government of Maharashtra)  
Sponsor Bank: Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD-431003

BRANCH - Anwar

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 22/8/20

1. Name of the beneficiary: Shaikh Rizwan SK Nawab

2. Bank Name: HDFC Bank

3. Branch Name: Sillod

4. Account No.: 

5	0	1	0	0	2	7	5	4	0	8	0	7	6	
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5. IFSC Code: 

H	D	F	C	0	0	0	2	1	4	5
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Contact No.: 

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6. UTR No. MAR6H23234072852

(to be filled by the Branch)

Applicant's Name: Ishak Vastanvi Homoeopathic Hospital

Account No.: 

8	0	0	7	6	8	4	9	5	1	8
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Account Type: Savings / Current / CC / OD etc.)

PAN No.: 

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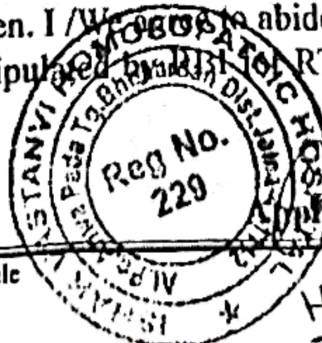
RTGS/NEFT Amount: ₹ 17400

Charges: ₹ 5.9

Total: ₹ 17405.9

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I / We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



Applicant's Signature

Haima

Note: Remittance would be effected as per RBI's Rule



# MAHARASHTRA GRAMIN BANK

(A scheduled bank established by Government of India)  
Sponsor Bank: Bank of Maharashtra

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD-431003

BRANCH - Anwa

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 20/09/23.

1. Name of the beneficiary: Deepak prakash sisodiya

2. Bank Name: State Bank of India

3. Branch Name: Jamner

4. Account No.: 

3	9	0	8	4	1	8	1	2	3	0				
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5. IFSC Code: 

S	B	I	N	0	0	0	3	3	8	5
---	---	---	---	---	---	---	---	---	---	---

Contact No.: 

--	--	--	--	--	--	--	--	--	--	--	--

6. UTR No.: 2326076556

Applicant's Name: Ishak Vastanvi Homoeo Pathic Hospital.  
(to be filled by the Branch)

Account No.: 

8	0	0	7	6	8	4	9	5	1	8
---	---	---	---	---	---	---	---	---	---	---

Account Type: Savings / Current / CC / OD etc.)

PAN No.: 

--	--	--	--	--	--	--	--	--	--	--

RTGS/NEFT Amount	: ₹ <u>30000</u>
Charges	: ₹ <u>5.9</u>
Total	: ₹ _____

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature



Applicant's Signature.

Note: Remittance would be effected as per RBI's Rule Hallma

06/2020

(Customer Copy)



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt of India)  
Sponsor Bank of Bank of Maharashtra

HEAD OFFICE : TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - Anwar

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE : 20/09/20

1. Name of the beneficiary : Shahin Rizwan SK Nawab

2. Bank Name : HDFC Bank

3. Branch Name : Silload

4. Account No. : 

5	0	1	0	0	2	7	5	4	0	8	0	7	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---

5. IFSC Code : 

H	D	F	C	0	0	0	2	1	4	5
---	---	---	---	---	---	---	---	---	---	---

Contact No. : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. UTR No. : MAIGM23263076538

Applicant's Name : Ishak Vastanvi Homoeopathic Hospital  
(to be filled by the Branch)

Account No. : 

8	0	0	7	6	8	4	9	5	1	8
---	---	---	---	---	---	---	---	---	---	---

Account Type : Savings / Current / CC / OD etc.

PAN No. : 

--	--	--	--	--	--	--	--	--	--	--

RTGS/NEFT Amount	: ₹	<u>15000</u>
Charges	: ₹	<u>5.9</u>
Total	: ₹	

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance

Branch seal & Signature



Applicant's Signature

Halima

Note : Remittance would be effected as per RBI's Rule



**Maharashtra Gramin Bank**  
A Scheduled Bank Established by Govt. of India  
 Sponsoring Bank of Maharashtra

Head Office : Golwadi, Aurangabad - 431 010.

BRANCH : ANW 9

**Acknowledgement of RTGS/NEFT Fund Transfer**

Details of RTGS/NEFT centre and beneficiary are as under. DATE: 19/10/23

- 1. Name of the beneficiary : Mohammad Furqan md yUSUF
- 2. Bank Name : Union Bank of India
- 3. Branch Name : Aurangabad
- 4. Account No. : 

3	4	4	5	0	2	0	1	0	0	8	2	2	8	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- 5. IFSC Code : 

U	B	I	N	O	S	3	4	4	S	S
---	---	---	---	---	---	---	---	---	---	---
- Contact No. : 

9	4	2	2	7	0	2	7	2	8
---	---	---	---	---	---	---	---	---	---
- 6. UTR No. : MAGM23292077597  
(to be filled by the Branch)

Applicant's Name : Ishak Vastanvi Homoeopathic Hospital

Account No. : 

8	0	0	7	6	8	4	9	5	1	8
---	---	---	---	---	---	---	---	---	---	---

Account Type : Savings / Current / CC / OD etc.)

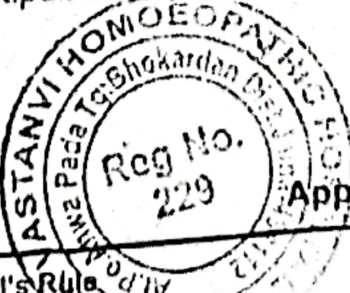
PAN No. : 

--	--	--	--	--	--	--	--	--	--	--

RTGS/NEFT Amount	₹: <u>70000</u>
Charges	₹: <u>5.9</u>
Total	₹: _____

I authorised to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

3/10  
 Branch seal & Signature



[Signature]  
 Applicant's Signature.



# MAHARASHTRA GRAMIN BANK

(A Scheduled Bank established by Govt. of India)  
Sponsor Bank: Bank of Maharashtra

HEAD OFFICE : TOWN CENTRE CIDCO, AURANGABAD -431003

BRANCH - Amli

### Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/ NEFT centre and beneficiary are as under. DATE : 18/12/2023

1. Name of the beneficiary : Mohammad, furqan md yusuf

2. Bank Name : Union Bank of India

3. Branch Name : Aurangabad

4. Account No. : 344502010082287

5. IFSC Code : UBIN0534455

Contact No. :

6. UTR No. : MAHG123352070867  
(to be filled by the Branch)

Applicant's Name : Shak Vastani Homoeopathic Hospital

Account No. : 80076849518

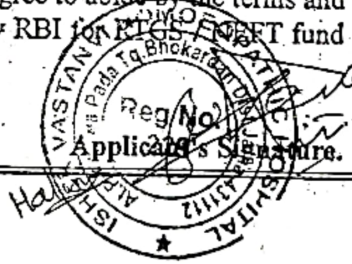
Account Type : Savings / Current / CC / OD etc.)

PAN No. :

RTGS/NEFT Amount	: ₹ <u>84800/-</u>
Charges	: ₹ <u>5.9</u>
Total	: ₹ _____

I authorise to debit my account with your branch alongwith the charges if any & remit the same fund as per details given. I /We agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS/NEFT fund remittance.

Branch seal & Signature



Note : Remittance would be effected as per RBI's Rule





# MAHARASHTRA GRAMIN BANK

HEAD OFFICE: TOWN CENTRE CIDCO, AURANGABAD - 431003

BRANCH - A. N. W. A.

## Acknowledgement of RTGS/NEFT Fund Transfer

Details of RTGS/NEFT centre and beneficiary are as under. DATE : 20/01/2020

1. Name of the beneficiary : Mohammad Furan, md yusuf  
 2. Bank Name : Union Bank of India  
 3. Branch Name : Aurangabad  
 4. Account No. : 

3	4	4	5	0	2	0	1	0	0	8	2	2	8	7
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 5. IFSC Code : 

U	B	I	N	0	5	3	4	4	5	5
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 Contact No. : 

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6. ITR No. : MAH/9M/24/20075/153  
 (to be filled by the Branch)  
 Applicant's Name : Ishak Vastanvi Homoeopathic  
 Account No. : 

8	0	0	7	6	8	4	9	5	1	8
---	---	---	---	---	---	---	---	---	---	---

Hospital  
 Account Type : Savings / Current / CC / OD etc.)  
 PAN No. : 

--	--	--	--	--	--	--	--	--	--

RTGS/NEFT Amount	: ₹	<u>84800</u>
Charges	: ₹	<u>5.9</u>
Total	: ₹	<u>          </u>

I authorise to debit my account with your branch along with the charges if any & remit the same fund as per details given. I agree to abide by the terms and conditions mentioned overleaf and stipulated by RBI for RTGS / NEFT fund remittance.

Branch seal & Signature  Applicant's Signature.

*Mohimza in*