Vendor Details for payment through RTGS/NEFT

Sl. No.	Particulars	Details
1.	Name of Hospital	
2.	Address	
3.	11 Digit Bank Account Number	
4.	Name of Account Holder/Account Name	
5.	Banks MICR code	
6.	Name of the Bank	
7.	Address of Bank	
8.	City of Bank	
9.	Bank Branch	
10.	Bank IFSC code	
11.	GST No.	
12.	Mobile No./Phone No.	
13.	E-mail ID	
14.	PAN no.	

(Copy of Cancelled Cheque is to be enclosed)

Seal & Signature