

STATE BANK OF INDIA, IT-BHU, BRANCH

Date:

National Electronic Fund Transfer  
(To be filled in by the Applicant in Block Letters)

Details of Applicant (Remitter) - BY N.E.F.T on \_\_.\_\_.2022

- (1) Account Name :
- (2) Account No. & Type of Account :
- (3) Remitter's Name : Registrar
- (4) Phone No. or Mobile No. : + 91 -

Details of Beneficiary

- (1) Centre :
- (2) Bank : UNION BANK OF INDIA
- (3) Branch : RATHYATRA CROSSING, VARANASI
- (4) Beneficiary Name : ENTERPRISES
- (5) Account No. : 601010036824
- (6) Type of Account : CURRENT ACCOUNT

|                                 |   |   |   |   |   |   |  |   |   |   |   |
|---------------------------------|---|---|---|---|---|---|--|---|---|---|---|
| IFSC OF BENEFICIARY BANK BRANCH | U | B | I | N | 0 | 5 |  | 6 | 0 | 6 | 7 |
|---------------------------------|---|---|---|---|---|---|--|---|---|---|---|

(7)

Amount to be remitted: Rs.  
Bank Charges : Nil  
Total Amount : Rs.

Remit the amount as per above details, by debiting my / our account for the amount of remittance plus your charges.

Authorized Signatory

FOR BANK'S USE ONLY

Rupees  
Debited Applicant's  
A/c :  
Remittance No. (UTR)  
Date of Transfer

Authorised Signatory

CONDITIONS OF TRANSFER

1. Remitting Bank shall not be liable for any loss of damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or any mistake, omission, or error in transmission or delivery thereof or in deciphering-the message from any cause whatsoever or from its misinterpretation received or the action of the destination Bank or any act beyond our control.
1. All payment instructions should be checked carefully by the remitter.
2. Message received after cut-off time will be sent on the next working day.

STATE BANK OF INDIA, IT-BHU, BRANCH

Date:

National Electronic Fund Transfer  
(To be filled in by the Applicant in Block Letters)

Details of Applicant (Remitter) - BY N.E.F.T on \_\_. \_\_.2020

- (1) Account Name :
- (2) Account No. & Type of Account :
- (3) Remitter's Name : Registrar
- (4) Phone No. or Mobile No. : + 91 - 9621234425

Details of Beneficiary

- (1) Centre :
- (2) Bank : Canara Bank
- (3) Branch : IIT Indore, Simrol
- (4) Beneficiary Name : Ram Bilas Pachori
- (5) Account No. : 6223101000378
- (6) Type of Account :

|                                    |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|
| IFSC OF BENEFICIARY<br>BANK BRANCH | C | N | R | B | 0 | 0 | 0 | 6 | 2 | 2 | 3 |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|

(7)

Amount to be remitted: Rs.

Bank Charges : Nil

Total Amount : Rs.

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