A (Bank's Copy)

← PLEASE MARK THIS SKS NO. IN SYSTEM

SHREE SAMAST KHADAYATA SURKSHA TRUST

Regd. Office : Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001

DFC Notice No. 17

આખર તારીખ / Last Date **31-08-10**

Trust A/c. No. in Bank |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

Payment of Rs.______________ made by Cash / Cheque / DD by No. ______________
dtd. ______________ in BOB/KMB/IDBI ______________ Branch
Signature of Depositor ______________

Receiving Bank's Sign, Date, Seal

B (Bank to send this copy with monthly statement / MT to Ankleshwar)

SHREE SAMAST KHADAYATA SURKSHA TRUST

Regd. Office : Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001

DFC Notice No. 17

આખર તારીખ / Last Date **31-08-10**

← Please mark this SKS No. in system

Trust A/c. No. in Bank |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

Payment of Rs.______________ made by Cash / Cheque / DD by No. ______________
dtd. ______________ in BOB/KMB/IDBI ______________ Branch
Signature of Depositor ______________

Receiving Bank's Sign, Date, Seal

C (મેમ્બર દ્વારા ટ્રસ્ટની ઓફીસે મોકલવાની કોપી)

SHREE SAMAST KHADAYATA SURKSHA TRUST

Regd. Office : Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001

DFC Notice No. 17

આખર તારીખ / Last Date **31-08-10**

Trust A/c. No. in Bank |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

*ટ્રસ્ટની ઓફીસે ફરજિયાત મોકલવી.

રૂા. ______________ લોકલ ચેક/ડી.ડી./રોકડા ______________ બેંકના ______________ શાખા,
પરના ચેક/ડી.ડી. નંબર ______________ દ્વારા BOB/KMB/IDBI ની ______________ શાખામાં
તા.______________ ના રોજ જમા કરાવવામાં આવેલ છે. નાણા ભરનારની સહી ______________

Mo. |_|_|_|_|_|_|_|_|_|_| E-mail ______________

Receiving Bank's Sign, Date, Seal

D (Member's Copy) (સભ્યએ રાખવા માટે) (સભ્યની રાખવાની કોપી)

SHREE SAMAST KHADAYATA SURKSHA TRUST

Regd. Office : Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001

DFC Notice No. 17

આખર તારીખ / Last Date **31-08-10**

Trust A/c. No. in Bank |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

રૂા. ______________ લોકલ ચેક/ડી.ડી./રોકડા ______________ બેંકના ______________ શાખા,
પરના ચેક/ડી.ડી. નંબર ______________ દ્વારા BOB/KMB/IDBI ની ______________ શાખામાં
તા.______________ ના રોજ જમા કરાવવામાં આવેલ છે. નાણા ભરનારની સહી ______________

Receiving Bank's Sign, Date, Seal

(P.T.O.; પાછળ જુઓ)