← PLEASE MARK THIS SKS NO. IN SYSTEM

SHREE SAMAST KHADAYATA SURKSHA TRUST

DFC Notice No. 19

Regd. Office: Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001-Ph. (02646) 221411

આખર તારીખ / Last Date

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Trust A/c. No. in Bank] 3	1-08-11
	Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance

Payment of Rs made by Cash / Cheque / DD by No			Receiving
dtd	in BOB/KOTAK/IDBI	Branch	Bank's Sign,
	A		Date,Seal

Signature of Depositor.



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DFC Notice No. 19

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આખર તારીખ / Last Date

Please mark this SKS No. in system

31-08-11 Trust A/c. No. in Bank

> Amount DFC Advance Member **Balance Payable** Amount Contribution DFC 20

Payment of Rs	made by Cash / Cheque	e / DD by No	Receiving	
dtd	in BOB/KOTAK/IDBI	Branch	Bank's Sign Date,Seal	
0				

Signature of Depositor _



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આખર તારીખ / Last Date

31-08-11 Trust A/c. No. in Bank

Advance	DFC	Member	Amount	Balance
DFC	Amount	Contribution	Payable	
		20		

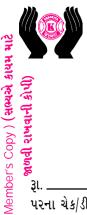
*ટસ્ટની ઓફીસે ફરજિયાત મોકલવી.

_____ લોકલ ચેક/ડી.ડી./રોકડા _____

____ દ્વારા BOB/KOTAK/IDBI ની _____ શાખામાં

_ના રોજ જમા કરાવવામાં આવેલ છે.

Bank's Sign, નાણા ભરનારની સહી



SHREE SAMAST KHADAYATA SURKSHA TRUST

DFC Notice No. 19

Regd. Office: Shreeji Hospital, Opp Brij Nagar, Station Road, Ankleshwar-393 001-Ph. (02646) 221411

આખર તારીખ / Last Date

Receiving

31-08-11 Trust A/c. No. in Bank

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

Trust A/c. No. III Bank				
ીમાં કોમો મુખ્યાન મુખ્ય	Advance DFC	DFC Amount	Member Contribution	Amou Payal
अथवी २			20	
રૂા લોકલ ચેક/ડી.ડી./રોકડા	_ બેંકના _			ાાખા,
પરના ચેક/ડી.ડી. નંબર દ્વારા BOB/KOTAK/IDBI ની			શા	ખામાં
તાના રોજ જમા કરાવવામાં આવેલ છે. નાણા ભરનારની સહી _				

Receiving Bank's Sign, Date, Seal

(P.T.O.; પાછળ જુઓ)