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← PLEASE MARK THIS SKS NO. IN SYSTEM



## SHREE SAMAST KHADAYATA SURKSHA TRUST

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

DFC Notice No. 19

આખર તારીખ / Last Date

Trust A/c. No. in Bank

31-08-11

Advance DFC	DFC Amount	Member Contribution	Amount Payable	Balance
		20		

Payment of Rs. \_\_\_\_\_ made by Cash / Cheque / DD by No. \_\_\_\_\_  
dtd. \_\_\_\_\_ in BOB/KOTAK/IDBI \_\_\_\_\_ Branch

Receiving Bank's Sign, Date, Seal

Signature of Depositor \_\_\_\_\_

A

(Bank's Copy)



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B

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



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\* ટ્રસ્ટની ઓફીસે ફરજિયાત મોકલવી.

રૂ. \_\_\_\_\_ લોકલ ચેક/ડી.ડી./રોકડા \_\_\_\_\_ બેંકના \_\_\_\_\_ શાખા,

પરના ચેક/ડી.ડી. નંબર \_\_\_\_\_ દ્વારા BOB/KOTAK/IDBI ની \_\_\_\_\_ શાખામાં

તા. \_\_\_\_\_ ના રોજ જમા કરાવવામાં આવેલ છે. નાણા ભરનારની સહી \_\_\_\_\_

Mo. \_\_\_\_\_ E-mail \_\_\_\_\_

Receiving Bank's Sign, Date, Seal

C

(ચેખર દ્વારા ટ્રસ્ટની ઓફીસે મોકલવાની કોપી)



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તા. \_\_\_\_\_ ના રોજ જમા કરાવવામાં આવેલ છે. નાણા ભરનારની સહી \_\_\_\_\_

Receiving Bank's Sign, Date, Seal

D

(Members Copy) (સભ્યને કાયમ માટે જાળવી રાખવાની કોપી)

(P.T.O.; પાછળ જુઓ)

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