

Print Payment Advice:

Order ID: **202309262628536** Party Name: **SHS NUHM TN**
Debit Account: **110009998503** Total Amount: **26154**
Count: **3** Generated On: **26-09-2023 16:05:43**
Expiry Date: **06/10/2023**
Txn Narration: **untied fund**

**To,
The Branch Head
Canara Bank**

We authorise the bank to debit our undernoted account maintained with the bank with batch amount and credit the beneficiary(ies) as per **ANNEXURE-I** uploaded to bank's central system through CSS Web Portal.

Bank account number:
110009998503

Total Amount of Debit: **26154 Rs.**

in words: **Twenty-Six Thousand One Hundred Fifty-Four
Only**

.....
(Sign by Authorized Signatory)

.....
(Sign by Authorized Signatory)

Information:For Canara Bank official:

- Please process the same in CSS Portal available in SAS Package.

For Agency official:

- Please print this advice and submit the dully signed by authorised signatory to Canara Bank branch for processing.

Annexure-I: (Beneficiary List) Order ID: 202309262628536

page to be stamped and initial and last page to be signed in FULL with stamp

Sl No.	Txn ID	Name of Beneficiary	Name in PFMS	Account No.	IFSC	Amount
1	11866022	R MANIKANDAN	MANIKANDAN R	xxxxxxxxxxx8456	IOBA0000285	2575

2	11865899	GANESH HOSPITAL SUPPLIES		xxxxxxx2803	SBIN0005599	7958
3	11866365	DEVASUNDARI E	MRS. DEVASUNDARI E	xxxxxxx5441	CBIN0280934	15621

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