

Print Payment Advice:

Order ID: **202310072766873** Party Name: **State Health Society Tamil Nadu**
 Debit Account: **110010430223** Total Amount: **18000**
 Count: **3** Generated On: **07-10-2023 11:07:21**
 Expiry Date: **17/10/2023**
 Txn Narration: **B.2.4 UNTIED FUND FOR RCH WORKERS SALARY**

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: **110010430223**

Total Amount of Debit: **18000 Rs.**

in words: **Eighteen Thousand Only**

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 (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: 202310072766873

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

SI No.	Txn ID	Name of Beneficiary	Name in PFMS	Account No.	IFSC	Amount
1	12251918	UNNAMALAI	UNNAMMALAI W/O DEVRAJ	xxxxxx0790	IDIB000D010	6000
2	12252155	RANGANATHAN	R RANGANATHAN	xxxxxxx8163	IDIB000D010	6000

3	12251953	VALARMATHI	VALARMATHI VEERAPPAN	xxxxxxxx5841	CNRB0016469	6000
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