



SHRI MAHAVIR MEDICAL CENTER

Joint Holder :- -

SHOP NO 4 AND 5 BHANUKANT CHS LTD JUNCTION

OF AAREY ROAD GOREGAON EAST

MUMBAI

MUMBAI

MAHARASHTRA-INDIA

PIN400706

Currency :INR

Scheme :CA - BUSINESS ADVANTAGE

Customer ID :940908381

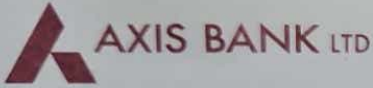
IFSC Code :UTIB0001062

MICR Code :400211075

Nominee Registered : N

CKYC NUMBER :XXXXXXXXXX8571

Statement of Axis Account No :922020027083803 for the period (From : 23-04-2024 To : 23-04-2024)



DATE

D	D	M	M	Y	Y	Y	Y
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 दिनांक

DINDOSHI, MUMBAI [MH]
 ONKAR PT. NO.7, SHIVDHAM SANKUL GEN AK
 VAIDYA
 MARG, OPP. OBEROI MALL, DINDOSHI
 GOREGOAN(E)
 MUMBAI 400063



NBM CBD BLUEDART-C

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SHRI MAHAVIR MEDICAL CENTER
 SHOP NO 4 AND 5 BHANUKANT CHS LTD JUNCTION
 OF AAREY ROAD GOREGAON EAST
 MUMBAIMUMBAI, MAHARASHTRA, INDIA
 PIN/ZIP-400706 PHONE #- 8828818865, ,919870207087

204

1062



UI177071123CHQ

Issue of cheques without sufficient funds in the account may attract penalty under Section 138 of N.I. Act

CHEQUE BOOK REQUISITION SLIP

Please deliver to the undersigned/bearer _____ number of cheque book/s.

For SHRI MAHAVIR MEDICAL CENTER

Signature of Bearer _____ Partner(s)/Authorised Signatory _____

Customer ID : 940908381	Scheme Type : CAADV
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MICR Code : 400211075	IFS Code : UTIB0001062
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Cheque Nos. From : 471601 To 471700

Account Number: 922020027083803

For office use only

MOP & Signature verified _____

SS No. :-

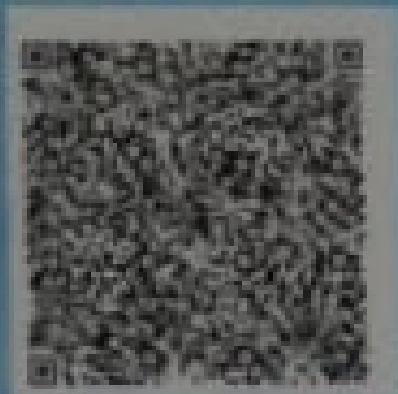
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थापी लेखा संख्या कार्ड
Permanent Account Number Card

AERFS1583F



नाम / Name
SHRI MAHAVIR MEDICAL CENTER

दिनांक / तारीख की उद्दिष्ट
Date of Incorporation/Formation
08/03/2022

-21032022