UCIC: 6444375675

Account No: 79943800500

Customer Name: ENGADOCTOR MEDICAL DIAGNOSTIC CENTRE

Address: 10J1 ENGADOCTOR MEDICAL DIAGNOSTIC

CENTRE PALAYAMKOTTAI 1 TRIVANDRUM ROAD

TIRUNELVELI TAMIL NADU 627002

TIRUNELVALI

627002

Mobile No: 919943800505

Email: prakaashajay@gmail.com

CKYC_ID: XXXXXXXXXXXXXX6711

D.O.B (If Minor)

MOP: SINGLY

Nomination REGISTERED

TIRUNELVELI - VANNARAPETTAI BR GROUND FLOOR, WARD NO.9, DOOR NO'S 2/3

AND 2/4, BLOCK NO.5, VANNARAPETTAI BYE

IFSC Code: IDFB0081111 MICR Code 627751002

Phone:

Email:

Branch

Date of

Joint Account Holder Name: 81111

08/07/2024



Branch Manager

