



# SAROJ GUPTA CANCER CENTRE & RESEARCH INSTITUTE

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*Electronic Clearing Service (Credit Clearing)*

*Model Mandate Form*

(Vendor / Customer's option to receive payment through Credit Clearing Mechanism)

1.	<b>VENDOR / CUSTOMER'S NAME</b>	::	<b>SAROJ GUPTA CANCER CENTRE &amp; RESEARCH INSTITUTE</b>
2.	<b>VENDOR / CUSTOMER'S ADDRESS</b>	::	<b>MAHATMA GANDHI ROAD, THAKURPUKUR, KOLKATA - 700 063, WB</b>
3.	<b>TELEPHONE NO.</b>	::	<b>033-61234343</b>
4.	<b>E-mail Id</b>	::	<b><a href="mailto:Sgccri.finance@gmail.com">Sgccri.finance@gmail.com</a></b>
5.	<b>PAN No.</b>	::	<b>AABAC0412E</b>
6.	<b>Particulars of Bank Account</b>		
i)	<b>NAME OF THE BANK</b>	::	<b>PUNJAB NATIONAL BANK</b>
ii)	<b>NAME OF THE BRANCH</b>	::	<b>CANCER RESEARCH INSTITUTE BRANCH</b>
iii)	<b>BANK'S ADDRESS WITH PINCODE</b>	::	<b>MAHATMA GANDHI ROAD, THAKURPUKUR, KOLKATA - 700 063, WB</b>
iv)	<b>TELEPHONE NUMBER OF BANK (Including STD Code)</b>	::	<b>033-2453-2500</b>
v)	<b>9 DIGIT CODE NO. OF BANK &amp; BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY BANK</b>	::	<b>700024394</b>
vi)	<b>IFSC CODE</b>	::	<b>PUNB0149120</b>
vii)	<b>TYPE OF ACCOUNT</b>	::	<b>CURRENT ACCOUNT</b>
viii)	<b>ACCOUNT NO.</b>	::	<b>1491050011635</b>

(As appearing on the cheque book)

In lieu of the Bank Certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of a cheque or front page of your Saving Bank passbook issued by your Bank for verification of the above particulars.

PLACE :: KOLKATA

DATE :: 28.12.2020

SIGNATURE OF THE PARTY / AUTHORIZED SIGNATORY

CERTIFIED THAT PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS

SIGNATURE OF THE AUTHORIZED OFFICIAL FORM THE BANKS