

V. S. S. S.
14/5/2020

PROFORMA FOR PAYMENT
SRI KRISHNA MEDICAL COLLEGE, MUZAFFARPUR

1	NAME OF Employee	
2	ACCOUNT HOLDER NAME	
3	DATE OF BIRTH	
4	GENDER	
5	PRESENT ADDRESS	
6	PERMANANT ADDRESS	
7	DISTRICT	
8	STATE	
9	EMAIL-ID	
10	NAME OF BANK	
11	BANK A/C NUMBER	
12	IFSC CODE	
13	BRANCH NAME	
14	BRANCH CODE	
15	PAN NO.	
16	AADHAR NO.	
17	DATE OF JOINING	
18	MOBILE NUMBER	

NOTE :- PLEASE ATTACH HERE WITH PHOTO COPY WITH SELF ATTESTED SIGNATURE.

1. PAN CARD *
2. AADHAR CARD
3. BANK ACCOUNT PASSBOOK OR CANCEL CHEQUE*
4. GOVERNMENT NOTIFICATION OF JOINING.

Approved.
14/5/2020

SIGNATURE