

INFORMATION FOR E – PAYMENTS

S. NO.	DETAILS OF THE ACCOUNT HOLDER	MBBS(UG)-INTERNS
1.	NAME OF THE STUDENT	
2.	ENROLMENT NO.	
3.	COMPLETE CONTACT ADDRESS	
4.	PAN NUMBER	
5.	TELEPHONE NO. / EMAIL	
6.	BANK NAME	
7.	COMPLETE BANK ADDRESS	
8.	BRANCH'S IFSC CODE	
9.	COMPLETE BANK ACCOUNT NUMBER	
10.	TYPE OF BANK ACCOUNTS SAVING BANK / CURRENT	
11.	MICR CODE	

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE. IF THE TRANSACTION IS DELAYED OR NOT EFFECTED AT ALL REASON OF COMPLETE OR INCORRECT INFORMATION, I WOULD BE PERSONALLY RESPONSIBLE.

SIGNATURE OF THE ACCOUNT HOLDER

Please attach the following documents:

1. Copy of Pan Card
2. Copy of Aadhaar Card
3. Copy of passbook / Cancel Cheque
4. Copy of Provisional DMC
5. Email E-payment form along with documents mentioned from S.No. 1 to 4 at payroll@himsr.co.in