

RAMRATAN SARDA MEDICAL HELP SOCIETY, NAGPUR**CSR DONATION FORM**

Name of the Company	:	
Company Registration No.	:	
Address of the Company	:	
Line-I		
Line-II		
City	:	
State/Union Territory	:	
District :		Pin Code :
E-Mail Id of the Company		
Contact No. (Off.)		(Mob.)
PAN	:	
Name of the Authorized Signatory		
Amount of Donation Rs.	(Only)
Scheme in brief, which the company wants Ramratan Sarda Medical Help Society to implement		
The above amount is remitted to society by Cheque/DD/RTGS No. _____ date _____ Bank _____.		

I _____ do hereby declare that above information is true to best of my knowledge.

I/We on behalf of company above named request Ramratan Sarda Medical Help Society to accept the above donation towards the corpus of the society and undertake above CSR activities. I understand that the Ramratan Sarda Medical Help Society, at the every years end/completion of project will provide us detailed statement of expenses made from the income of above CSR funding. I also declare that the company is not affiliated to any political party.

List of Attachments :-

- i) Incorporation Certificate of Company
- ii) Copy of PAN
- iii) Copy of Resolution for CSR Donation to the Society

PLACE : NAGPUR

DATE :

**Signature of the Authorized Person
Designation**