

RAMRATAN SARDA MEDICAL HELP SOCIETY, NAGPUR

FORM FOR DONATION

I/We _____ do hereby declare that I/we am/are donating sum of Rs. _____ (_____ Only) to Ramratan Sarda Medical Help Society, Nagpur. This donation is irrevocable/ non-refundable and Ramratan Sarda Medical Help Society is free to utilize above donation towards its objects only.

I/We give below details

Name in full	:	
Address :		
Line-I		
Line-II		
City	:	
State/Union Territory	:	
District :		Pin Code :
E-Mail Id		
Contact No. (Off.)	(Res)	(Mob.)
PAN (Attach copy of PAN)	:	
Aadhar No. (Attach copy of Aadhar Card)	:	
The above amount is remitted to society by Cheque/DD/RTGS No. _____ date _____ Bank _____.		

I also declare that I am not affiliated to any political party.

PLACE : NAGPUR

DATE :

Signature
Designation