

**1. Bank Details :-**

**Account Holder Name**

**Managing Director, Rajasthan Medical  
Services Corporation**

**Name of Bank**

**Punjab National Bank**

**IFSC Code no**

**PUNB0224600**

**Account No.**

**2246002100024414**

ATTENTION : USE "FCMBR" MENU OPTION IN FINACLE INSTEAD OF "TM"

Bank Copy

**punjab national bank**

DIST. NO.

Branch

Institute Name

Institute ID

Rajasthan Medical Services Corporation, Jaipur

**RMSCJ - A/c No. 2246002100024414**

Date of Deposit

DD MM YY

**DETAILS OF THE SUPPLIER**

Supplier Name																				
Tender Ref. No.																				
Type of Deposit	Select any one out of - Tender Fees/FMD/SD/Tender Processing fees/Others																			
Mobile No.																				

**Cash Deposit:**

Denomination	₹	Ps
1000 *		
500 *		
100 *		
50 *		
20 *		
10 *		
5 *		
Coins *		
<b>Total</b>		

**Cheque Deposit:**

Chq No	Date of Chq	Name of Bank	₹	Ps

Total fee payable ₹																				
Commission ₹	0	0	0	0	0															
Total amount ₹																				

Amount (in words): ₹

Name of the Depositor  
Signature  
Address for communication


For Bank use only

Acknowledgement

Cashier/Officer

Customer Copy

**punjab national bank**

DIST. NO.

Branch

Institute Name

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For Bank use only

Acknowledgement

Cashier/Officer