

GOVT. HOMOEOPATHIC MEDICAL COLLEGE, KOZHIKODE.

CONSENT TO TRANSFER FUND FROM ETSB ACCOUNT TO BANK ACCOUNT.

Account Holder Details.

Name:

Designation :

Address (office):

PEN :

Mobile No :

ETSB Account No:

Amount to be transferred: (In Percentage) :.....

Beneficiary Details.

Name

Address:

Bank Account No:

Bank:

Type of Account:

IFSC:

Please put into the effect the transaction subject to the rules that govern the Treasury Savings Bank (ETSB) and I hereby agree to abide by the same. The ETSB shall not in any way responsible for ensuring the accuracy of the account number of the beneficiary furnished in this application form and ETSB shall not be liable for any loss or damages suffered by the applicant claiming through him or her or them on account of any error or mistake in the account number, Bank branch, IFS Code and amount furnished in the consent form.

Place:

(Signature)

Date:..:

Name: