

Hospital Authority Please Submit the Payment Details After Payment, As Under:

Name of the Hospital/Nursing Home	
Depositor Account No.	
Name of the Depositor	
No. of Beds	
Paid Amount in Rs.	
U.T.R. No.	
Transaction ID	
Date of Payment	
Fee Purpose (Renewal/Fresh Registration/Bed Extension/Late Fee etc)	

Remarks: All fields are mandatory.

Signature of the Depositor

Signature of the

Keeper/Director/Owner of the
Nursing Home/Hospital with name,
date, and seal