

**Sub:- E-Payments vide NEFT / RTGS**

**We are here Submitting the following details for EFT / NEFT -Payment System:-**

<b>1</b>	<b>TITLE OF ACCOUNT IN THE BANK :</b>	<b>BASAVATARAKAM INDO AMERICAN CANCER HOSPITAL &amp; RESEARCH INSTITUTE</b>
<b>2</b>	<b>TYPE OF THE ACCOUNT :</b>	<b>CURRENT A/C</b>
<b>3</b>	<b>BANK ACCOUNT NO :</b>	<b>151411011000001</b>
<b>4</b>	<b>NAME OF THE BANK :</b>	<b>UNION BANK OF INDIA</b>
<b>5</b>	<b>ADDRESS OF BANK :</b>	<b>ROAD NO-14, BANJARA HILLS - 500034</b>
<b>6</b>	<b>BANK CONTACT PERSON :</b>	<b>KAPIL</b>
<b>7</b>	<b>BANK TELE PHONE NO :</b>	<b>040 - 23421250</b>
<b>8</b>	<b>MICR CODE NO :</b>	<b>500011118</b>
<b>9</b>	<b>IFSC CODE :</b>	<b>UBIN0815144</b>
<b>10</b>	<b>E-mail ID :</b>	<b><a href="mailto:ACCOUNTS@INDUSCANCER.COM">ACCOUNTS@INDUSCANCER.COM</a></b>
<b>11</b>	<b>NAME OF AUTHORISED SIGNATORY :</b>	<b>CH GOPAL RAO</b>
<b>12</b>	<b>CONTACT PERSON'S NAME :</b>	<b>CH GOPAL RAO</b>

**I/We Confirm that I/We will bear the charges, if any, levied by my/our bank for the credit of**

**Thanking you ,**

**CH GOPAL RAO  
G.M. FINANCE**