

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

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

01	<b>TITLE OF ACCOUNT IN THE BANK :</b>	<b>BASAVATARAKAM INDO AMERICAN CANCER HOSPITAL &amp; RESEARCH INSTITUTE</b>
02	<b>TYPE OF THE ACCOUNT :</b>	<b>CURRENT A/C</b>
03	<b>BANK ACCOUNT NO :</b>	<b>151411011000001</b>
04	<b>NAME OF THE BANK :</b>	<b>ANDHRA BANK</b>
05	<b>ADDRESS OF BANK :</b>	<b>ROAD NO-14, BANJARA HILLS - 500034</b>
06	<b>BANK CONTACT PERSON :</b>	<b>KAPIL</b>
07	<b>BANK TELE PHONE NO :</b>	<b>040 - 23421250</b>
08	<b>MICR CODE NO :</b>	<b>500011118</b>
09	<b>IFSC CODE :</b>	<b>ANDB0001514</b>
10	<b>E-mail ID :</b>	<a href="mailto:ACCOUNTS@INDUSCANCER.COM">ACCOUNTS@INDUSCANCER.COM</a>
11	<b>NAME OF AUTHORISED SIGNATORY</b>	<b>CH GOPAL RAO</b>
12	<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 ,								
		<b>CH GOPAL RAO</b>								
		<b>G.M. FINANCE</b>								