



Application Form for Funds Transfer Through
Real Time Gross Settlement (RTGS) / National Electronic Funds Transfer (NEFT)

Branch Code / Name	
Date	15/09/2025
Time	

Maximum Limit for NEFT Transaction	
HDFC Bank Customer	No limit
Non HDFC Bank Customer & Indo_nepal NEFT Remittance	Upto INR 50,000/-

You are requested to remit the proceeds as per details given through RTGS
Attaching Cheque No. 5349 for Rs. 63720.00 (For RTGS draw cheque favouring "HDFC Bank Ltd. - RTGS" and for
NEFT draw cheque favouring "HDFC Bank Ltd - NEFT")

Beneficiary Details	
Beneficiary Name	Indian Institute Of Technology Bombay
Account Number	10725729173
Account Number	10725729173
Beneficiary Address	Powai
Beneficiary Bank Name & Branch	State Bank Of India , IIT Powai Branch
Beneficiary Bank IFSC Code	SBIN0001109
Account Type : Resident	☐ / Non Resident ☐
Amount (in figures) to be credited	63720.00
Amount (in words) to be credited	Rupees Sixty Three Thousand Seven hundred Twenty Only

My / Our Details (Remitter)	
Remitter (Applicant Name)	S KANT HEALTHCARE LTD R & D Center
Remitter Account Number	50200022147764
Cash Deposited (Non HDFC Bank Customer)	
Mobile / Phone Number of Remitter (Mandatory)	66227575
E-mail Id:	samir@sk1932.com
Address of the Remitter (Mandatory for Non - HDFC Bank Customer)	
Remarks	

Terms & Conditions

- ☐ RTGS ☐ NEFT transaction as per details mentioned above (Tick ✓ the appropriate box)
- * I / We hereby authorise HDFC Bank Ltd. To carry out the RTGS
 - * I / We hereby agree that the aforesaid details including IFSC code and the beneficiary account are correct
 - * I / We further acknowledge that HDFC Bank accepts no liability for any consequences arising out of erroneous details provided by me / us
 - * I / We agree that the credit will be affected solely on the beneficiary account number information and beneficiary name particulars will not be used for the same.
 - * I / We authorize the bank to debit my / our account with the charges plus taxes as applicable for this transaction
 - * I / We agree that requests submitted after the cut off time will be sent in next batch or next working days as applicable
 - * I / We agree & understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same.
 - * I / We also understand that the remitting Bank shall not be liable for any loss of damage arising or resulting from delay in transmission delivery or non-delivery of Electronic message or any mistake, omission, or error in transmission or delivery thereof or in deciphering the message from any cause whatsoever or from its misinterpretation received or the action of the destination Bank or any act or event beyond control.
 - * I / We agree that incase of NEFT Transaction if we do not have an account with the bank, we will produce Original Identification proof while giving the request. In case I/We submit form 60, we will also submit the address proof.
 - * In case the RTGS and NEFT option is not ticked by us, I / We authorize you to execute the transaction less than Rupees Two Lacs through NEFT and greater than or equal to Rupees Two Lacs through RTGS and debit the charges as applicable

Signature of Authorised Signatory	For S.Kant HEALTHCARE LTD R & D Center
President	1st Signatory
Director/ Signatory	2nd Signatory
	3rd Signatory

HDFC BANK	A/C PAYEE
SANDOZ HOUSE, DR. A.B. ROAD WORLI	
MUMBAI-400018 MAHARASHTRA	
RTGS / NEFT IFSC : HDFC0000240	

Pay **HDFC BANK LTD-NEFT**

Rupees रुपये **Sixty-Three Thousand Seven Hundred Twenty Only**

अदा करें	₹ 63,720.00
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A/c No. खाता क्र.	50200022147764
Brn: 00240 Pdt: 256	TRADE CA

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

For S KANT HEALTHCARE LTD (R & D CENTER)

Authorised Signatories
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈005349⑈ 400240002⑈ 818723⑈ 29