A. DETAILS OF ACCOUNT HOLDER: -

1	NAME OF INSTITUTE	Datta Meghe Medical College
2	COMPLETE ADDRESS	Wanadongri, Nagpur, Maharashtra -441110
3	TELEPHONE NUMBER	WhatsApp No. 7875522666 Accounts Email:- dmmcac@dmiher.edu.in Dean Email:- deandmmc@dmiher.edu.in

B. BANK ACCOUNT DETAILS: -

BANK NAME	HDFC BANK LTD.
NAME OF BANK ACCOUNT	**DEAN FACULTY OF MEDICINE DMMC DMIMS DU**
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	Hingna Nagpur
TYPE OF BANK ACCOUNT	Current Account
COMPELTE BANK ACCOUNT NUMBER (LATEST)	50200069672211
MICR CODE OF BANK	440240012
IFSC CODE	HDFC0003120
Swift Code (for payment of fees in USD)	HDFCINBBXXX

I hereby declare that the Particular given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Seal
Name:- Dr. Ujwal Gajbe
Dean, DMMC
Date:- 19/11/2025

DEAN
DATTA MEGHE MEDICAL COLLEGE
Shalinitai Meghe Hospital & Research Centre
Wanadongri, Nagpur - 441110

19/11/25

Signature & Seal
Name:- Mr. Siddhant Chandak
Accounts Officer, DMMC
Date:- 19/11/2025

Certified that the particular furnished above are correct as per our records.

Note:-

1. Student shall collect receipt of the amount deposited / RTGS/ NEFT/Through Web portal from respective Accounts Section upon showing the Bank Transaction details online.
2. Cash deposited in Institute Bank is not acceptable and will be subject to penalty as per Income Tax Act, 1961.
3. Student shall not deposit any fees amount in any other account than the above-mentioned designated bank account.
4. The bank details are also available on website dmmcnagpur.com
5. Bank details shall be changed in case of funds to be received against funding agency. (Every time fresh details to be required) in the same format, which should be produced by applicant.