27/10/23

PFMS Generated Print Payment Advice

-	PFWIS Generated 11	Payment Advice No.: C102352522690
Approval date in PFMS: 25 Oct 2023		Advice Print Date : 25 Oct 2023
Expiry date of PPA PFMS: 04 Nov 2023		TAN No.: PTLP10332A
	.: PTLP10332A	IAN NO
Note For	r Branch:	
Contact Details	BANK	PFMS
Nama	Bank of Baroda, Govt Relationships Dept, New Del Baroda, Data Center, Hyderabad	
Email:	Baroda, Data Center, Hyderabad gb.delhi@bankofbaroda.com,cbs.domsupport.ito@b	pankotbaroda.com
	011-23448722/17,040-20205786	011-23343860
Note:		

To,		
The	Branch	Head

BANK OF BARODA PARIVAR KALYAN BHAVAN, CHANDIGARH

We authorise the bank to debit our undernoted account maintained with the bank with batch amount and credit the beneficiary(ies) [#1] as per ANNEXURE-I uploaded to bank's central system through PFMS O/o CGA.

Bank Account No.	
98130100007261	

Total Amount of Debit: Rs1434650.00

(Amount in words: Fourteen Lakhs Thirty-Four Thousand Six Hundred Fifty)

No. Of Beneficiaries	as	per
Annexure-I.		

Batch No. C102352522890

Agency Seal	

(Sign by Authorized Signatory)

Name -

Designation -

Mobile Nondigarh injab State AIDS Control Society

(Sign by Authorized Signatory)

ADesignation - Director

Puniab ? Chandigarh

Mobile No -

To,

PROJECT DIRECTOR PUNJAB STATE AIDS CONTROL SOCIETY

Ref: Account No.98130100007261/ Payment Advice Number

C102352522890

We confirm having received the captioned advice of credit(s) for payment today for further processing as per arrangement of bank on integrated PFMS-Bank payment system.

No. Of Beneficiaries: 1

Amount (in Rs.):1434650.00

Date & Time:

BANK OF BARODA

Branch Seal

Branch Authorized Official

Public Financial Management

25/10/2023 12:45

ANNEXURE -1 (All page to be stamped and initial and last page to be signed in FULL with stamp) Payment Advice No.: C102352522890 Amount(In Account Number: IFSC/IIN/MICR Aadhaar Name of **PFMS Txn ID** Sr.No. Rs.) Beneficiary MS REMEDIAL 1434650.00 SBIN0051153 1 C102352522877 xxxxxxxxxxxxx9034 HUB 1434650.00 Total Amount(Rs) Please acknowledge and do the needful as prescribed by bank to complete thansactions.

Assistant Director Finance Punjab State AIDS Control Society Chandigarh

Additional Project Director
Punjat State AIDS Control Society
Chandigarn

709710

27/10/23

TO BE PAID THROUGH SYSTEM ONLY

PFMS Generated Print Payment Advice

Approve	al date in PFMS: 25 Oct 2023		Payment Advice No.: C102352018533
Expiry date of PPA PFMS: 04 Nov 2023			Advice Print Date: 25 Oct 2023
	: PTLP10332A		TAN No.: PTLP10332A
	r Branch:		
Contact Details	BANK		PFMS
Name:	Bank of Baroda, Govt Relations Baroda, Data Center, Hyderabad		
Email:	gb.delhi@bankofbaroda.com,cb	s.domsupport.ito@bankofbaroda.co	om Helpdesk-pfms@gov.in
Phone No.:	011-23448722/17,040-20205786		011-23343860
Note:	7 3 F		
To, The Bra	anch Head		
PARIVAI CHANDI		ndernoted account maintained ANNEXURE-I uploaded to b	with the bank with batch amount and ank's central system through PFMS O/o
981301	ccount No. 100007261 Beneficiaries as per	(Amount in words : Eig	Total Amount of Debit: Rs847044.00 The Lakhs Forty-Seven Thousand Forty-Four Batch No. C102352018533
		Agency Seal	A
(Sign b	y Authorized Signatory)		(Sign by Authorized Signatory)
Name -	· 12		Name -
	ation istant Director Finance Puniab State AIDS Control Socie Chandigarh	ety Ad Ch	ditional Project Director Designation Control Society andigath
Mobile	No -		Mobile No -
To,	count No.98130100007261/1	PROJECT DIRECTOR PUNJAB STATE AIDS CONTROL SOCIETY	
C10235	2018533		day for further present as a second
of bank o	on integrated PFMS-Bank paymen		day for further processing as per arrangement
No. Of	Beneficiaries: 1		Amount (in Rs.):847044.00
I I O TO X	Lime '		

BANK OF BARODA

Branch Seal

Branch Authorized Official

Public Financial Management

ANNEXURE -1 (All page to be stamped and initial and last page to be signed in FULL with stamp) Payment Advice No.: C102352018533 Amount(In Name of Account Number: IFSC/IIN/MICR Andhaar Sr.No. PFMS Txn ID Rs.) Beneficiary VEEKAY 847044.00 SBIN0003786 1 SURGICALS PVT C102352018546 xxxxxxxxxxxxxx5280 LTD 847044.00 Total Amount(Rs) Please acknowledge and do the needful as prescribed by bank to complete transactions.

Assistant Director Finance Funjab State AIDS Control Society Chandigarh

Additional Project Director Punjah State AIDS Control Society Chandigath 70HS 705

TO BE PAID THROUGH SYSTEM ONLY

pprova	PFMS Generated Pri	Payment Advice No.: C10233237
Expiry date of PPA PFMS: 04 Nov 2023 PAN No.: PTI P10222		Advice Print Date: 25 Oct 2023
		TAN No.: PTLP10332A
VIC PAI	Kronel	
ontact etails	BANK	PFMS
64.	Bank of Baroda, Govt Relationships Dept, New Delhi Baroda, Data Center, Hyderabad	
nail :	gb.delhi@bankofbaroda.com,cbs.domsupport.ito@ba	nkofbaroda.com <u>Helpdesk-pfms@gov.in</u>
lone	011-23448722/17,040-20205786	011-23343860
ote:		

To,		
The	Branch	Head

BANK OF BARODA PARIVAR KALYAN BHAVAN, CHANDIGARH

We authorise the bank to debit our undernoted account maintained with the bank with batch amount and credit the beneficiary(ies) [#1] as per ANNEXURE-I uploaded to bank's central system through PFMS O/o CGA.

Bank Account No. 98130100007261

Total Amount of Debit: Rs1590838.00

(Amount in words: Fifteen Lakhs Ninety Thousand Eight Hundred Thirty-Eight)

No. Of Beneficiaries as per Annexure-I.

Batch No. C102352592339

Agency Seal

(Sign by Authorized Signatory)

Name -

Designation -Assistant Director Finance

Punjab State AIDS Control Society

Mobile Nodigarh

(Sign by Authorized Signatory)

AdDesignation Director

Chandigarh

Mobile No -

To,

PROJECT DIRECTOR PUNJAB STATE AIDS CONTROL SOCIETY

Ref: Account No.98130100007261/ Payment Advice Number C102352592339

We confirm having received the captioned advice of credit(s) for payment today for further processing as per arrangement of bank on integrated PFMS-Bank payment system.

No. Of Beneficiaries: 1

Amount (in Rs.):1590838.00

Date & Time:

BANK OF BARODA

Branch Seal

Branch Authorized Official

Public Financial Management

25/10/2023 12:49

	(All page to b	e stamped and initi	ANNEXURE -I al and last page to be	signed in FULL with	stamp)
THE PERSON NAMED IN COLUMN		Payment	MANGE MOVE CLOSTON	and the second second	Amount(In
Sr.No.	Name of Beneficiary	PFMS Txn 1D	Account Number:	IFSC/IIN/MICR Aad	lhaar Rs.)
	BAJAJ HEALTHCARE	C102352592354	xxxxxxxxxxx7730	UBIN0531758	1590838.00
PRODUCTOR SHEET SHEET	LTD		Total Amount(Rs)		t(Rs) 1590838.00

Please acknowledge and do the needful as prescribed by bank to complete transactions.

Assistant Director Finance Punjab State AIDS Control Society Chandigarh

Additional Project Director Purijab State AIDS Control Society Chandigarh