824 | 30. Cl. 23

TO BE PAID THROUGH SYSTEM ONLY

PFMS Generated Print Payment Advice

| Approva | date in PFMS: 29 Nov 2023 | Payment Advice No.: C112348015317 | | |
|--------------------|--|-----------------------------------|--|--|
| Expiry d | ate of PPA PFMS: 09 Dec 2023 | Advice Print Date: 29 Nov 2023 | | |
| PAN No. | : PTLP10332A | TAN No.: PTLP10332A | | |
| | Branch: | | | |
| Contact Details | BANK | PFMS | | |
| | Bank of Baroda, Govt Relationships Dept, New Delhi. Bank of Baroda, Data Center, Hyderabad | | | |
| Email: | gb.delhi@bankofbaroda.com,cbs.domsupport.ito@bankofbaroda.com | <u>Helpdesk-pfms@gov.in</u> | | |
| Phone No.: | 011-23448722/17,040-20205786 | 011-23343860 | | |
| Note: | | | | |

Assistant Director Finance
Punjab State AIDS Control Society

Chandigarh

Additional Project Director
Runjab State AIDS Control Society
Chandigarh

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) [#2] as per ANNEXURE-I uploaded to bank's central system through PFMS O/o CGA.

Bank Account No. 98130100007261

Total Amount of Debit: Rs4275338.00

(Amount in words: Forty-Two Lakhs Seventy-Five Thousand Three Hundred Thirty-

| No. Of Beneficiaries | as | per |
|----------------------|-----|-----|
| Annexure-I. | 1 5 | |

Agency Seal

(Sign by Authorized Signatory)

Name -

State AIDS Control Society

Mobile No

(Sign by Authorized Signatory)

Batch No. C112348015317

Mobile No -

To,

PROJECT DIRECTOR PUNJAB STATE AIDS CONTROL SOCIETY

Ref: Account No.98130100007261/ Payment Advice Number

C112348015317

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: 2

Amount (in Rs.):4275338.00

Date & Time:

BANK OF BARODA

Branch Seal

Branch Authorized Official

Agency to enter date of delivery in PFMS using option | E-Payment => PPA Submission Status

| | ANNEXURE -I (All page to be stamped and initial and last page to be signed in FULL with stamp) | | | | | | | | | |
|-----------------------------------|---|---------------|-----------------|---------------|---------|----------------|--|--|--|--|
| Payment Advice No.: C112348015317 | | | | | | | | | | |
| Sr.No. | Name of Beneficiary | PFMS Txn ID | Account Number: | IFSC/IIN/MICR | Aadhaar | Amount(In Rs.) | | | | |
| 1 | LIFE LINE | C112348015335 | xxxxxxxxxxx5226 | HDFC0001379 | | 2033495.00 | | | | |
| | SAR HEALTHCARE | C112348015336 | xxxxxxxxxxx7249 | HDFC0001417 | | 2241843.00 | | | | |
| Total Amount(Rs) | | | | | | | | | | |

Public Financial Management