**Dialysis Service Sponsorship Form**

**Standing Instruction to Bank**

Date:

The Manager

……………………………………………………………………………………..Bank

……………………………………………………………………………………Branch

**Ref:** My A/c. Name. …………………………………………………….. A/c Nr. ……………………………………………….with your bank ………………………………………………. branch……………………………………………………

Sir/ Madam,

I have decided to sponsor Rs…………………………. (Rupees …………………….…………..…………………………………)

is sponsorship dialysis service of …………………Nos. (……………………………………….) at a cost of Rs.1,000/- per service.

Kindly arrange to transfer Rs. ……………………. (Rupees ……………………………………………………………….) to the credit of the following account on the first day of every month until termination effective from ……………………… (Date).

**Bank details:**

Name : Alpha Charitable Trust Nammude Arogyam Dialysis

Account Nr. : 14630 20000 1384

Bank : Federal Bank

Branch : Edamuttam

IFS code : FDRL0001463

MICR Code : 680049010

SWIFT Code : FDRLINBBIBD

Thanking you for your kind co-operation I remain.

Very Truly Yours

Signature

Name:

Address:

Please send the form directly to your bank (original or attachment as they want) and mark a copy to: Theeba Raju theebarajupullat@gmail.com, nammudealpha@gmail.com, Vahidha R A vahidhara@gmail.com

or send by post to: The Chief Accountant, Nammude Arogyam Community Hospital, PO Mathilakam, Thrissur District, Kerala state, India