



# श्रीकृष्णायन

देशी गोरक्षा एवं गोलोक धाम सेवा समिति

हरिपुर कला, निकट प्रेम विहार चौक,  
हरिद्वार, उत्तराखण्ड, पिन-249410  
मो. : 94129022681, 8958942681  
enquiry@krishnayangauraksha.org

मैं श्रीकृष्णायन देशी गोरक्षा एवं गोलोक धाम सेवा समिति, हरिद्वार को

गाय X 2100 रु. प्रतिमाह +  बछड़ा X 1100 रु. प्रतिमाह = कुल  प्रतिमाह  
सेवा एवं सुश्रुषा हेतु देने की प्रतिज्ञा करता हूँ।

नाम.....

पिता का नाम.....

जन्म तिथि.....पैन नं. ....

पता .....

शहर.....राज्य.....पिन.....

मोबाईल नं. ....

ई-मेल .....

**नोट: आप यह फॉर्म भरकर उपरोक्त पते पर भेज दें।**



UMRN  Date

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL  
Sponsor Bank Code **UTIB0000248** Utility Code **UTIB00189000010277**  
I/We hereby authorize **Shree Krishnayan Desi Gauraksha** to debit (tick✓)  SB /CA /CC /SB-NRE /SB-NRO /Other  
Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Phone No.

Reference 2  Email ID

PERIOD  "I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank."

From   
To   
Or  Until Cancelled

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

MANDATE FORM