## (To deposit balance amount)

### BANK COPY

CA ACCOUNT PAY-IN-SLIP

**State Bank of India**

**BRANCH** _____ . **CODE** _____ . **DATE** _____

**NOTE :** Branches are requested to record **Bank reference Number invariably and return one copy** to the depositor duly stamped for the credit of the Account of (Name) **Haj Committee of India. Mumbai. and one copy may return to Haj Committee of India, Mumbai**, by post.

**Bank Reference No.** | | | | | | | | | | | | | | **Account No.** **31136268352**

**PARTICULARS OF PILGRIMS,** **Cover No.** _____

**Name** (Head of Cover) :- _____

| Sr. No. | NAME OF THE PILGRIMS | ADDRESS OF HEAD OF COVER | CASH NOTE | AMOUNT IN RS. |
|---|---|---|---|---|
| | | | X 1000 | Rs. |
| | | | X 500 | Rs. |
| | | | X 100 | Rs. |
| | | | X 50 | Rs. |
| | | | X 20 | Rs. |
| | | | X 10 | Rs. |
| Total No. of Persons | | | X 5 | Rs. |
| Amount (in words) Rupees _____ | | | Total Rs. | Rs. |

| CASHIER'S SCROLL NO. | CASHIER | CASH OFFICER PASSING OFFICER | JOTTING BOOK | PARTITION NO. | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | DEPOSITED BY (SIGNATURE) | Bank Stamp to be affixed |

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### COPY – HAJ COMMITTEE OF INDIA, MUMBAI.

(Constituted under the Act of Parliament No.35 of 2002)

HAJ HOUSE, 7-A, M.R.A. MARG, (PALTON ROAD), MUMBAI-400 001.

CA ACCOUNT PAY-IN-SLIP

**State Bank of India**

**BRANCH** _____ . **CODE** _____ . **DATE** _____

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| Total No. of Persons | | | X 5 | Rs. |
| Amount (in words) Rupees _____ | | | Total Rs. | Rs. |

| CASHIER'S SCROLL NO. | CASHIER | CASH OFFICER PASSING OFFICER | JOTTING BOOK | PARTITION NO. | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | DEPOSITED BY (SIGNATURE) | Bank Stamp to be affixed |

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### PILGRIM COPY

CA ACCOUNT PAY-IN-SLIP

**State Bank of India**

**BRANCH** _____ . **CODE** _____ . **DATE** _____

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**Bank Reference No.** | | | | | | | | | | | | | | **Account No.** **31136268352**

**PARTICULARS OF PILGRIMS,** **Cover No.** _____

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| | | | X 1000 | Rs. |
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| | | | X 50 | Rs. |
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| Total No. of Persons | | | X 5 | Rs. |
| Amount (in words) Rupees _____ | | | Total Rs. | Rs. |

| CASHIER'S SCROLL NO. | CASHIER | CASH OFFICER PASSING OFFICER | JOTTING BOOK | PARTITION NO. | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | DEPOSITED BY (SIGNATURE) | Bank Stamp to be affixed |

**NOTE :- Photo copy of pay–in-slip may also be used for deposit of amount.**

**If any difficulty pleases contact:** State Bank of India Mumbai Main Branch –022-2261 3634 / 2261 3635, DGM Mobile No. 09920548967