**DONATION CONFIRMATION FORM**

(Please fill in the form in Capitals)

Donor Name ……..……..
Nationality …….
Full Postal Address ….....…….
City..... PIN Code ..... State .....
Country..... Mobile: .....Tel. .....
E-mail id .....
Donor Pan No: ……

**The Trustees**
Global Hospital and Research Centre
102, Om Shanti, N S Road no 3
48 Swastik Society, Mumbai 400056
E-mail: actteam@ghrc-bk.org ;actsr@ghrc-bk.org
Contact No:022-66487636/37/38

I/We am/are pleased to know that Global Hospital & Research Centre is taking medical care of people since last many years. We highly appreciate the same.

Considering the usefulness of Trust Medical activities, I/We am/are pleased to remit / send my/our contribution as per details hereunder
NEFT / RTGS / Cheque / Draft No ..... dated .....
Bank Name ..... Bank Branch ……..
Amount in Indian Rupees …….

**Towards Purpose : Medical**
**i) General**
**ii) Construction**
**iii) Purchase of Assets**
**iv) Any other Specific Purpose :_____**

I hope you will accept the same and issue the receipt to claim the exemption u/s 80G of the IT Act 1961.

**(Donor's Name & Signature)**
Date.....