

Revised

NAME CONFIRMATION FORM
(To be filled in CAPS only)

Project: PARADIGM ANTALYA
ALAYA Wing: B Flat No: 2704.

Agreement in The name of: SMT. MEENAKSHI PANDEY

Co-Owner/ 2nd Applicant Name: DR. ARUN KUMAR PANDEY Relationship: SPOUSE

Co-Owner/ 3rd Applicant Name: - Relationship: -

Address in Agreement: ARADHANA, CHANDOLA HOUSE, NEAR HIMALI NURSING
HOME, JOHNPUR, KOTDWAR, PAURI-GARHWAL, PIN 246149

Address for correspondence: PATEL MARG / GARABE ROAD, KOTDWAR,
PAURI - GARHWAL, UTTARAKHAND) PIN 246149

Contact No.: [R] _____) _____ Ext (M) 9412054111
(O) _____) _____ Ext (M) 9412079072
Fax No. _____ E mail ID meenakshipandey321@gmail.com

Applicant	Employed In	Designation	DOB & Anniversary	PAN NO:
1 st ✓	<u>self</u>	<u>Small job -</u>	<u>03.03.1968 / May-18th</u>	<u>ALFPD8385B</u>
2 nd ✓	<u>self</u>	<u>General Surgeon</u>	<u>01.12.1960 / "</u>	<u>AAXPP6254C</u>
3 rd -	-	-	-	-

Employer / Office Address (1st Applicant): W/O DR. ARUNKUMAR
PANDEY, PATEL MARG, KOTDWAR, PAURI - GARHWAL
UTTARAKHAND - PIN 246149

Name of the Nominee: -

Address of Nominee: -

Relationship with the applicant: - PAN of Nominee: -

Tick [x]: Loan [] Or Self Funded []

X [Signature]

X [Signature]

X -

1st APPLICANT
SIGNATURE

2nd APPLICANT
SIGNATURE

3rd APPLICANT
SIGNATURE

Date: 21.02.2023

Place: KOTDWAR (UTTARAKHAND) 246149

::Please Note: The Name & Address in the Agreement and the Loan Sanction Letter must MATCH::