

Rensed

NAME CONFIRMATION FORM
(To be filled in CAPS only)

Project: PARADIM ANTALYA
ALAYA Wing: B Flat No: 2703

Agreement in The name of: DR. ARUN KUMAR PANDEY

Co-Owner/ 2nd Applicant Name: MRS. MEENAKSHI PANDEY Relationship: SPOUSE

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

Address in Agreement: ARADHANA, CHADOLA HOUSE, near Himali NURSING HOME
JOHN PUR, KOTDWAR, PAURI-GARHWAL, UTTARAKHAND PIN 246149

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

Contact No.: [R] -) - Ext - (M) 94120 79072
(O) 94120 54111
Fax No. - E mail ID dr-arun-pandey@yahoo.co.in

Applicant	Employed In	Designation	DOB & Anniversary	PAN NO:
1 st <input checked="" type="checkbox"/>	<u>self</u>	<u>Gen. Surgeon</u>	<u>01.12.1960/18th May</u>	<u>AAxPP6254C</u>
2 nd <input checked="" type="checkbox"/>	<u>self</u>	<u>Small Job (prt)</u>	<u>03.03.1968/ "</u>	<u>ALFPD 8385 B</u>
3 rd <input type="checkbox"/>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Employer / Office Address (1st Applicant): (self-owned CLINIC), 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 <u>[Signature]</u> 1 st APPLICANT SIGNATURE	X <u>[Signature]</u> 2 nd APPLICANT SIGNATURE	X <u>-</u> 3 rd APPLICANT SIGNATURE
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Date: 21.02.2023

Place: KOTDWAR (UTTARAKHAND) - 246149

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