**To be submitted on an official letter head of the applicant hospital**

**Annexure – Fee Refund**

In case of refund of Accreditation Processing Fee to the applicant hospital as per provisions detailed in Information Bulletin, the refund may be remitted in below mentioned account:

**BANK DETAILS OF BENEFICIARY:**

|  |  |
| --- | --- |
| **Name of applicant hospital with complete address** |  |
| **Name of the Beneficiary** |  |
| **Account No. of the Beneficiary** |  |
| **IFSC Code** |  |
| **Name of the Bank** |  |
| **Address of the Bank** |  |
| **Mobile No. of the Beneficiary** |  |
| **Email Address of the Beneficiary** |  |

|  |  |  |
| --- | --- | --- |
| Name | : | …………………………………….. |
| Signature | : | …………………………………….. |
| Designation | : | **Administrative Head of the Institute/Hospital**  *(Authorized signatory on behalf of applicant hospital* |
| Official Stamp | : | ……………………………………… |
| Mobile No. | : | ………………………………………. |
| Email Address | : | ………………………………………. |

Date:……………………….

Place:……………………..