



Collection Receipt

Issuing Office Code : 106006	
Name and Address of Issuing Office : KOLKATA - TOLLYGUNJE BC 211/2A, Prince Anwar Shah Road, Tollygunj, Kolkata, - 700033	
State Code : 19 & State Name : West Bengal	
GSTIN : 19AAACN9967E1Z0	
Contact Number : 33 24174402	
Receipt No : 106006811810012909	Scroll No(If any) :
Receipt Date & Time : 16/01/2019, 19:44 hours	Scroll Date(If any) :

Received with thanks from Mr.DEBAJYOTI KHAMRAI a sum of Rs. 5,892.00 (Rupees Five Thousand Eight Hundred Ninety Two Only) by way of Online Payment towards the following transactions.

Paymode Details :

Paymode Name : Online Payment	
	Ref No : EASI2019011601053125
Ref Date : 16/01/2019	Bank Branch(If any) :
Bank Name(If any) :	

S. No	Dept	Policy/Endorsement		Biz Source Code	Class of Business/Narration	Amount Rs.
	Tr Cd	Year	Number	Sales Channel	Account Description	
1	50 16	2019	106006501810007200	106006	Parivar Mediclaim	
				9000002601	Direct Premium	4,994.00
					CGST	449.00
					SGST	449.00
					Total	5,892.00

For National Insurance Co. Ltd,

Cashier :


ललित के. अलुरिया / LALIT K. ALURIA
मुख्य प्रबन्धक/Chief Manager
नेशनल इन्श्योरेंस कंपनी लि.
National Insurance Co. Ltd.
पश्चिम कार्यालय/Head Office
3, मिडिल्टन स्ट्रीट, कोलकाता-700 071
3, Middleton Street, Kolkata-700 071

Authorised Signatory

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

