

**STATEMENT OF ACCOUNT**

**STATE BANK OF INDIA**  
 KANCHANWADI, AURANGABAD  
 PLOT NO 5/B, GUT NO 11, SAI DEEP  
 PAITHAN ROAD, KANCHANWADI AURANGABAD  
 431005

Name : CSMSS DENTAL COLLEGE AND HOSPITAL ALUMNI ASSOCIATION  
 KANCHANWADI  
 PAITHAN ROAD  
 AURANGABAD  
 Aurangabad

Branch Code : 18021  
 Branch Phone : 2379117  
 IFSC : SBIN0018021  
 MICR : 431002027  
 Account No.: 41794948320  
 Product : CA-REGULAR-PUB-OTH-ALL-INDR  
 Currency : INR

Date : 19/04/2023 Time : 11:36:27

E-mail : sarodasanjay2@gmail.com

Cleared Balance : 15,000.00Cr

Uncleared Amount : 0.00

\*MOD Bal : 0.00

Monthly Average Balance: 0

Limit : 0.00

Drawing Power : 0.00

Intl Rate : 0.00 % p.a.

Nominee Name :

Account Open Date : 30/03/2023

Account Status : OPEN

Statement From : 01/04/2023 to 19/04/2023

Page No. : 1

Post Date	Value Date	Details	Chq.No	Debit	Credit	Balance
		<b>BROUGHT FORWARD :</b>				<b>0.00</b>
04/04/23	04/04/23	BY CLEARING BOM 431014014-2565	256545		15000.00	15000.00Cr
		<b>CLOSING BALANCE :</b>				<b>15,000.00Cr</b>

**Statement Summary**

Dr. Count 0

Cr. Count 1

15,000.00

In Case Your Account Is Operated By A Letter Of Authority/Power Of Attorney Holder, Please Check The Transaction With Extra Care

\*\*\* END OF STATEMENT \*\*\*

*(Signature)*  
 Chhetrapati Shahu Memorial Shiksha Sanstha  
 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhaji Nagar