

To,

Date: / / 2021

Treasurer (2019-2022)
Indian Academy of Forensic Medicine

C/O
Dr C B Jani
Professor & Head,
Forensic Medicine Dept.,
GCS Medical College,
Ahmedabad-380025.(Guj)

Subject: Voluntary Donation to Indian Academy of Forensic Medicine

I,(Full name as cited in PAN Card)
Wish to contribute donation to Indian Academy of Forensic Medicine for:

Sr No	Purpose of Donation	Amount Rs./- (figures)	Amount (words)	Tick in the box where applicable
1	One time donation -which shall go to corpus of IAFM, the interest incurred shall be used for various awards.			
2	Proposed Construction of "IAFM Bhawan" as permanent office of IAFM.			

Self attested copies of my PAN card (No) and ID issued by Government (Aadhar card / Driving License No) are attached here with.

Please share IAFM account details in which the same can be deposited.
I shall share transaction details to your office once it is made.

Signature:
Name :
Address:
Email:
Mobile No.:

CC:-
General Secretary (2019-2022)
Indian Academy of Forensic Medicine
C/O
Dr Mukesh Yadav,
Principal,
Govt. Medical College,
Banda , UP-210001.