



Government of West Bengal
Department of Health & Family Welfare
Office of the Block Medical Officer of Health
Bagdah Rural Hospital
Bagdah, North 24 Parganas
email : bagdah.health.unit@gmail.com

DONATION FORM

Name

Organization Name.....

Address

Village..... P.O.....

Police StationPin

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State..... Contact No.

EmailPAN No.....

I/We pledge a total of ₹ in words.....

to be paid Once Monthly Quarterly Annually (please tick one).

I/We plan to make this contribution in the term of Cash A/c Payee Cheque Goods

In case of Cheque please mention

Cheque Number

Bank Name.....

Branch

Thank You

Important: Donors may require Departmental permission to donate in form of Cash or Cheque. Please submit the duly filledup form for necessary approval before donation.