

# 'HOUSE OF BALA'

35, Ext. Street, LRG Layout, Kongu Nagar, TIRUPUR 641 607, India.

Contact: Dr. Mohan kumar

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YOU HAVE TO PROVIDE US THE FOLLOWING PARTICULARS: (WATCH FOR SPELLING AND PUNCTUATION MISTAKES)

1. Contact Person and his Mobile No
2. Address: (Only 4 lines and each line can have only 65 alphanumeric characters maximum including spaces & punctuations)  
LINE 1: Name OR Name of Doctors including Degrees OR Hospital Name;  
LINE 2: Regn # with State Council Name OR Speciality OR Hospital Name OR Address 1 (Door #, St., Area);  
LINE 3: Address 2 (City, Pincode & District if needed) and  
LINE 4: Contact #s (STD Code, Landline #, Mobile # & Email Id if needed).

Four rows of a grid for text entry, each row consisting of 65 small rectangular boxes.

3. Image in a 'jpg' format for Main Menu
4. Hospital Logo in a 'cdr or jpg' format for Reports
5. Pharmacy Name.....:
6. Lab Name.....:
7. Xray Name.....:
8. Scan Name.....:

### PAYMENT PARTICULARS FOR RTGS TRANSFER:

1. Name.....: Dr. Mohankumar @ Bala
2. Bank A/c Name & No.....: SB a/c No: 64013158183
3. Bank & IFSC Code.....: State Bank of Mysore, Appachi Nagar, Tirupur 641607; IFSC Code: SBMY 0040528

### PAYMENT PARTICULARS FOR D/D TRANSFER (CHEQUES NOT ACCEPTED):

1. Name.....: Dr. Mohankumar @ Bala
2. Payable at.....: Tirupur
3. To be.....: A/C Crossed

