

MONEY TRANSFER

(Within India for Hospital Expenses only)

I. FEDERAL BANK

1. ACCOUNT NAME :CHRISTIAN MEDICAL COLLEGE VELLORE ASSOCIATION
2. ACCOUNT NUMBER : CMC SB a/c : 11920100034111

Please mention the patient's name and hospital No.

II SBI

1. ACCOUNT NAME : CHRISTIAN MEDICAL COLLEGE VELLORE ASSOCIATION
 2. CURRENT ACCOUNT NUMBER : 10404158238
 3. BANK NAME & ADDRESS : STATE BANK OF INDIA VELLORE TOWN BRANCH BRANCH CODE : 1618 IDA SCUDDER ROAD, VELLORE-632 004. TAMIL NADU, INDIA
- IFSC CODE :
SBIN0001618
SBI FAX NO.0416-2222188
SBI TELEPHONE NO.0416-2220770 / 2221538

Please mention the patient's name and hospital No.

III. ICICI BANK

1. ACCOUNT NAME : CHRISTIAN MEDICAL COLLEGE VELLORE ASSOCIATION
2. SAVINGS ACCOUNT NUMBER : 614301012613
3. BANK NAME & ADDRESS : ICICI BANK Ltd VELLORE BRANCH OFFICERS LINE VELLORE-632 004. TAMIL NADU, INDIA.

ICICI PHONE NUMBER : 0416 – 2221334

Please mention the patient's name and hospital No.

FOR HOSPITAL EXPENSES

Demand Draft (a/c payee)
In favour of : CMC VELLORE
Payable at : State Bank of India / Central Bank of India / Any
Bank in Vellore.

FOREIGN CURRENCY (Remittance from abroad)

1. ACCOUNT NAME : CHRISTIAN MEDICAL COLLEGE VELLORE ASSOCIATION
 2. CURRENT ACCOUNT NUMBER : 32347266812
 3. BANK NAME & ADDRESS : STATE BANK OF INDIA VELLORE TOWN BRANCH
BRANCH CODE : 1618 IDA SCUDDER ROAD, VELLORE-632 004. TAMIL NADU, INDIA
- SWIFT NUMBER : SBININBB473
SBI FAX NO.0416-2222188
SBI TELEPHONE NO.0416-2220770 / 22215538

Please mention the patient's name and hospital No.