

## Payment Summary

### Payment details

#### General Transaction Details:

Transaction Reference Name: <b>-NIL-</b>	Pay From Account: <b>SHIVAM HOS</b>
Counterparty Type: <b>Personal Payees</b>	Nickname: <b>ECDELHI</b>
Amount: <b>INR 30,000.00</b>	Frequency Type: <b>One Time</b>
Payment Date(dd/MM/yyyy): <b>09/12/2019</b>	Network: <b>NEFT</b>
Beneficiary Reference: <b>EC DELHI</b>	Remarks: <b>EC DELHI</b>
Originator ID: <b>-NIL-</b>	Originator Remarks: <b>-NIL-</b>
	Descriptive Date(dd/MM/yyyy): <b>-NIL-</b>
Reference ID: <b>829822</b>	Transaction Type: <b>Fund Transfer Other Bank Account</b>
	Transaction Status: <b>Success</b>
	Tentative Credit Date:(dd/MM/yyyy): <b>09/12/2019</b>

#### Amount & Frequency Details:

	Validity Indicator: <b>Next Valid Date</b>
Total Amount: <b>INR 30,000.00</b>	
Transaction Currency: <b>INR</b>	

### Additional Transaction Details

#### Negotiated Rate Details:

Dealer Reference: **-NIL-**

#### Additional Initiator Details:

On Behalf of: <b>SHIVAM HOSPITAL</b>	Address: <b>C-4 SATYANARAYAN SOCIETY</b>
City & Zip Code: <b>AHMEDABAD 380008</b>	State: <b>GUJARAT</b>
Country: <b>INDIA</b>	Remark: <b>-NIL-</b>

#### Additional Counterparty Details:

Delivery Mode: <b>-NIL-</b>	Counterparty Bank Clearing Code: <b>-NIL-</b>
Network Product: <b>-NIL-</b>	Transfer Information: <b>-NIL-</b>
Counterparty Address: <b>-NIL-</b>	City and Zip Code: <b>-NIL-</b>
State: <b>-NIL-</b>	Country: <b>-NIL-</b>
Phone Number: <b>-NIL-</b>	
Intermediary Bank Name: <b>-NIL-</b>	Commission Indicator: <b>-NIL-</b>
Intermediary Branch: <b>-NIL-</b>	Address: <b>-NIL-</b>
City & Zip Code: <b>-NIL-</b>	Country: <b>-NIL-</b>
Bank Clearing Code: <b>-NIL-</b>	