



భారత ప్రభుత్వము
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

ఎన్రోలమెంట్ సంఖ్య / Enrollment No. : 2710/01217/37363

25/09/2011

To
Karri Gayatri
శ్రీ గాయత్రి
D/O Karri Narasimhamurthy,
H NO 4-62/1,
Amberu puram
Chodavaram Mandalam
VTC: Amberupuram,
District: Visakhapatnam,
State: Andhra Pradesh, PIN Code: 531023.
Mobile: 9121429040

117936399



KF117936399F1



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3537 7803 2987

నా ఆధార్, నా గుర్తింపు



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శ్రీ గాయత్రి
Karri Gayatri
పుట్టిన తేదీ / DOB: 09/02/2008
స్త్రీ / Female

3537 7803 2987

నా ఆధార్, నా గుర్తింపు

25/09/2011

GENERAL / USED ABBREVIATIONS

A/c = Account /acc	Cash = Cash /acc	Pos = Point of Sale /acc
Adj = Adjustment /acc	Dep = Deposit /acc	Pr = Principal /acc
Am = Amount /acc	DR = Draft /acc	PC = Processing Charge /acc
Ar = Arrear /acc	Disb / Disb = Disbance	RD = Recurring Deposit /acc
Bal = Balance /acc	DR = Debit /acc	Rn = Return /acc
Cap = Capitalisation /acc	DOB = Date of Birth	Rd = Round off /acc
Chg / Ch = Charge /acc	EF = Electronic Fund	SB = Savings Bank /acc
Chq = Cheque /acc	Inop = Inoperative /acc	SC = Short Credit /acc
CIF = Customer Information File /acc	Ins = Insurance /acc	SID = Standing Instruction /acc
Cls = Closure /acc	Int / In = Interest /acc	W/H = Son / Daughter / Wife / Husband / acc
Coll = Collection /acc	Len / Loan / acc	Tr = Transfer /acc
Comm. = Commission /acc	Min = Minimum /acc	Trn = Transaction /acc
COR / CORR = Correction /acc	OS = Outstanding /acc	WD = Withdrawal /acc
CR = Credit /acc	P&T = Postal Charges /acc	TOD = Total balance (SB-linked MOD a/c /acc)



Branch: GOVADA Code: 3171
MAIN ROAD, GOVADA

STATE BANK OF INDIA

Email: sbi.03171@sbi.co.in
Phone No.: 246606
IFS: SBIN0003171

Bus. Hrs: 10:00:00-16:00:00
MICR: 530002203

Name: KARRI GAYATHRI
S/D/H/O: KARRI NARASIMHAMURTHY
CIF Number: B9103323311
Account No.: 35871868534
A/c Type: SAVINGS BANK ACCOUNT
Address: D/O Karri Narasimhamurthy H NO 4-62/1
Amberu puram Chodavaram Mandalam
Amberupuram

MOP: SINGLE
A/c Opening Dt: 28/06/2016
Nom Reg No:
Customer's PAN:
Date of Issue: 11/12/2020
CONTINUATION

Phone No.:
Email:
D.O.B. (If Minor):
PPO Number:



BRANCH MANAGER