Swachh Bharat
Ek Kadam Swachhata Ki Aur

TATA indicom

M/s. INTER UNIVERSITY . ACCELERATOR CENTRE
M/S INTER UNIVERSITY ACCELERATOR CENTRE
IUAC ARUNNA ASAF
ALI MARG, .
NEW DELHI
NEW DELHI - 110067
Landmark: near fortis hospital

Account Number	907256992
Bill Number	1956105238
Bill Date	22/08/16
Bill Period	20/07/16 to 19/08/16
Credit Limit	14,700.00
Security Deposit	0.06
Email ID	choprasundeep@gmail.com

Acc No: 907256992 BSNO: 72

Go green, prevent paper printing. To register SMS EBILL <your mail ID> to 121

Previous Balance	-	Last Payment	+/-	Credit Note Adjustments	+	Current Charges	=	^#Amount Due Before Due Date	*#Amount Due After Due Date	Due Date
Rs.3,964.00		Rs.-3,964.00		Rs.0.00		Rs.3,932.54		**Rs.3,933.00**	**Rs.3,933.00**	**08/09/16**

^ Bill is rounded off to nearest rupee.

* It includes Late payment fee

Your Nearest Bill Payment Locations *** Cash - CA, Cheque - CH, Credit Card - CC**

1. B.N.PANDEY AND COMMUNICATION,NO.141,9, KISHANGARH, VASANT KUNJ,,,NEW DELHI,-(CA)
2. ATISH KUMAR,FLAT NO 8,3 RD FLR.,HIMALAYA APT.,173, B VIKAS HOSPITAL,,,NEW DELHI,-(CA)
3. R. COMPUTER CLINIC,401/1 , ABC, OPP. JNU MAIN GATE, AT HILL TOP, MUNIRKA,,,NEW DELHI,-(CA)
4. S ER CYBER CAFE,66 C, HANS BHAWAN(BASEMENT), LAXMI MARKET, MUNIRKA,,,NEW DELHI,-(CA)
5. SRJ ENTERPRISES,E-108/1, BGN MARKET, MUNIRKA,,,NEW DELHI,-(CA)

Other Bill Payment Options:

- Instant Pay through Internet
- Pay through Suvidhaa outlets
- Pay through Oxigen Outlets
- Auto Pay through Bank Account / Credit Card

Payment Slip

Please attach this slip with your cheque/DD

Cheque/DD payable at TATA Teleservices Limited A/c No. 907256992

Account No. : 907256992	9266623033	Invoice No: 1956105238	Bill Date : 22/08/16	Due Date : 08/09/16	Bill Amount: Rs.3,933.00

Cheque / DD No. ______________ Dated __/__/____ Bank ______________ Branch ______________

Mode of Payment : [ ] Cash [ ] Credit Card [ ] Cheque / DD [ ] E-Payment

I here by authorise TATA Teleservices Limited to charge Rs. ______________ against my card no. ______________

Master[ ] VISA[ ] Diners[ ] Amex[ ] Card holder's name ______________ Expiry Date(mm/yy) mm/yy Signature. ______________

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[ ] Please register me for auto debit facility based on the above information.* Conditions apply.For detailed terms & conditions,log onto www.tataindicom.com