Refund form to return the amount received under KALIA scheme.

To

The Chief/Branch Manager,

_____Branch

_____Bank

Sub: DEBIT AUTHORISATION FOR REFUND OF AMOUNT RECEIVED UNDER 'KALIA"SCHEME'

Dear Sir,

1. I, Sri/Smt..do not want any assistance under KALIA scheme of Government of Odisha.

2. An amount of Rs 5000/-has been credited to my Bank A/c No...................maintained with your branch under the captioned scheme.

3. I, therefore authorize the Branch to debit the same amount from my Account immediately and arrange for refund the amount to Customer Name – VOLUNTARY REFUND OF KALIA ASSISTANCE, Account Number-38474500762, IFSC code-SBIN0010236, State Bank of India, Secretariat Branch, Bhubaneswar.

1. Name :	2. Mobile No:
3. Bank A/C No:	4. IFS Code
5. District:	6. Block:
7. GP:	8. Village:
9. Aadhar No.	

Date:

Signature