ONLINE E-AUCTION BID FORM

(Read carefully the detailed terms and conditions of E-Auction Sale available in the website before submitting the bid)

NAME OF THE ACCOUNT:	GODSAVE CLINIC
DETAILS OF THE PROPERTIES /ASSETS:	Madurai-D, Madurai South RE-D, Madurai Joint IV Sub-D, Madurai South Taluk, Now Thirupparankundram Taluk, Madakulam Village, in Arul Nagar, Patta No. 97 R.S.No.227/6A measuring 47 cents within Northern side measuring 31 ½ cents divided into house plots within plot nos. 3 & 4 totally measuring 5390 sq feet i.e., 12 cents 162 ¾ sq feet with a build house bearing Door No. 4/2
FULL NAME OF THE INTENDING BIDDER:	
FATHER'S NAME:	
COMPLETE POSTAL ADDRESS FOR COMMUNICATION:	
TELEPHONE NO'S:	
E-MAIL ID:	
PAN NUMBER:	
AMOUNT OF BID QUOTED (in Rs.):	
DETAILS OF E.M.D. REMITTANCE	
i) Date of the DD /PO / Remittance :	
ii) D.D / Pay order No.:	
iii) Name of the Bank & Branch:	
iv) Account No:	
v) IFS Code :	
BANK ACCOUNT OF THE UNSUCESSFUL BIDDER TO WHICH EMD AMOUNT TO BE RETURNED	
Bank A/c No:	
i) IFS Code:	
ii) Bank Name & Branch:	

I declare that I have understood all the terms and conditions of E-Auction Sale available in the website **https://sarfaesi.auctiontiger.net/EPROC/** and <u>www.axisfinance.in</u> and I shall abide by them. I also undertake to improve my bid by one bid incremental value notified in the E-Public Auction-cum-Sale Notice dated 26/11/2024 if I am declared the sole successful bidder.

Note: Address proof and Identity proof to be attached	ed.
Place:	

Date:

Signature of the Bidder