NAHI
Northern Allied Health Institute

Ref. No : NAHI - SILIGURI- 0233

Date : 4th August, 2026

To
The Branch Manager,
State Bank of India,
S. F. Road: SBIN0018603
Darjeeling-734012

Subject: Request for Opening a Bank Account and Providing Identification Information for Power of Attorney Holders

Dear Sir,

We, the Northern Allied Health Institute Trust (hereinafter referred to as "the Trust"), wish to open a current bank account with your esteemed branch at Ranidanga.
In connection with this, we would like to provide the necessary identification information for individuals authorized to transact on behalf of the Trust under a power of attorney. Below are the details of the individuals holding the power of attorney:

1. **Trust Information**
Trust Name : NORTHERN ALLIED HEALTH INSTITUTE
Date of Trust Formation: 6th August, 2026

2. **Sri Himadri Roy**
Position: **Chairman/ Treasurer**
Identification Information: **Aadhaar No. 330889092217**
Address: Vill.- Bhelku Jote, Radha, P.O.- Rangapani, PS – Phansidewa, Darjeeling - 734012

3. **Smt. Pingala Das**
Position: **Member**
Identification Information: **Aadhaar No. - 286093244226**
Address: Kanchantala, Samserganj, PO & PS – Dhulian, Murshidabad – 742202

4. **Power of Attorney Holder Information**
- Name of Power of Attorney Holder: **Sri Himadri Roy**
- Address: Vill. - Bhelku Jote, Radha, P.O.- Rangapani, PS – Phansidewa, Darjeeling - 734012
- Date of Birth: **14th April, 1987**
- Identification Document Type: **Aadhaar No. 330889092217**
- Issuing Authority: Govt. Of India

5. **Power of Attorney Document Type of Power of Attorney Document:**
- Date of Execution: 06th August, 2026
- Notary Details: