

COMMON BID
REVISION FORMAATMAJ HEALTHCARE LIMITED - INITIAL PUBLIC ISSUE - R
Address : GUJARAT Contact Details : 91 9714059465 CIN No.: U85100GJ2014PLC079062FOR RESIDENT INDIAN, QIB, ELIGIBLE NRI's
APPLYING ON A NON REPATRIATION BASISTo,
THE BOARD OF DIRECTORS
AATMAJ HEALTHCARE LIMITED

FIXED PRICE SME ISSUE

ISIN : INE00B201016

Bid Cum
Application
Form No.

SYNDICATE MEMBER'S STAMP & CODE	BROKER/SCSB/DP/RTA STAMP & CODE	1. NAME & CONTACT DETAILS OF SOLE/FIRST BIDDER	
		Mr. / Ms. _____	
		Address : _____	
SUB-BROKER'S/SUB-AGENT'S STAMP & CODE	ESCROW BANK/SCSB BRANCH STAMP & CODE	Email : _____	
		Tel. No (with STD code) / Mobile : _____	
		2. PAN OF SOLE / FIRST BIDDER : _____	
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.	3. BIDDER'S DEPOSITORY ACCOUNT DETAILS	
		<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	
For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit client ID			

PLEASE CHANGE MY BID

4. FROM (AS PER LAST BID OR REVISION) Price Band: 100-100												
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) / "Cut-off"(Price in multiples of ₹ 1 only)			
	(In Figures)								(In Figures)			
	8	7	6	5	4	3	2	1	Bid Price	Retail Discount	Net Price	Cut-off (Please tick)
Option 1												<input type="checkbox"/>
(OR) Option 2												<input type="checkbox"/>
(OR) Option 3												<input type="checkbox"/>
5. TO (Revised Bid) (Only Retail Individual Bidders Bid at "Cut-off") Price Band: 100-100												
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) / "Cut-off"(Price in multiples of ₹ 1 only)			
	(In Figures)								(In Figures)			
	8	7	6	5	4	3	2	1	Bid Price	Retail Discount	Net Price	Cut-off (Please tick)
Option 1												<input type="checkbox"/>
(OR) Option 2												<input type="checkbox"/>
(OR) Option 3												<input type="checkbox"/>

6. PAYMENT DETAILS										PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/> PART PAYMENT <input type="checkbox"/>	
Additional Amount Blocked (₹ in figures)										(₹ in words)	
ASBA											
Bank A/c No.											
Bank Name & Branch											
or											
UPI ID (Maximum 45 characters)											

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID CUM APPLICATION FORM, THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN OVERLEAF.

I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE / FIRST BIDDER	7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	BROKER/SCSB/DP/RTA STAMP(Acknowledging upload of Bid in Stock Exchange system)
Date : _____	1) _____ 2) _____ 3) _____	

TEAR HERE



AATMAJ HEALTHCARE LIMITED

BID REVISION FORM - INITIAL PUBLIC ISSUE - R

Acknowledgement Slip
for Broker/SCSB/
DP/RTABid cum
Application
Form No.

PAN of Sole / First Bidder

DPID / CLTD																			
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Additional Amount Blocked (₹)	ASAP Bank A/c No. / UPI Id	Stamp & Signature of SCSB Branch
Bank Name & Branch		
Received from Mr. / Ms.		
Telephone / Mobile	Email	

TEAR HERE

AATMAJ HEALTHCARE LIMITED	Option 1	Option 2	Option 3	Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA	Name of Sole / First Bidder
	No. of Equity Shares				
	Bid Price				
	Additional Amount Blocked (₹)				
	ASBA Bank A/c No./UPI ID				
Bank Name & Branch					Acknowledgement Slip for Bidder
					Bid cum Application Form No.