

BRANCH COPY

CASH/TRANSFER



CHALLAN FOR Fellowship in Pediatric Orthopedic Entrance Exam- 2018  
(SC/ST students)

NAME OF THE BRANCH \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MOBILE NUMBER +91  DATE OF DEPOSIT \_\_\_\_\_

FOR BRANCH:

KGMU PARAMED EE (Screen-1006)

CASH DETAILS	
PARTICULARS	Rs.
X1000	
X500	
X100	
X50	
x	
<b>TOTAL</b>	

FOR TRANSFER ENTRY	
DEBIT MY A/C	APPLICATION FEE -RS. 1200/-
No. _____	BANK CHARGES - RS. 30/-
	<b>TOTAL AMOUNT - RS. 1230/-</b>
SIGNATURE OF CUSTOMER	

AMOUNT DEPOSITED Rs. 1230/- (Rs One Thousand Two Hundred Thirty Only)

FOR OFFICE USE	
TRANSACTION/ JOURNAL NO.:-	
SEAL	SIGNATURE/CASHIER

NOTE:-THE LAST DATE OF DEPOSITING AT BANK IS **07.07.2018**.

In case of any clarification please contact Allahabad Bank KGMU, Lucknow on 0522-22584679, 9044855996.

**The examination fee Rs. 1230/- (One Thousand Two Hundred Thirty Only for SC/ST)**

FOR CUSTOMER

CASH/TRANSFER



CHALLAN FOR Fellowship in Pediatric Orthopedic Entrance Exam- 2018  
(SC/ST students)

NAME OF THE BRANCH \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MOBILE NUMBER +91  DATE OF DEPOSIT \_\_\_\_\_

FOR BRANCH:

KGMU PARAMED EE (Screen-1006)

CASH DETAILS	
PARTICULARS	Rs.
X1000	
X500	
X100	
X50	
x	
<b>TOTAL</b>	

FOR TRANSFER ENTRY	
DEBIT MY A/C	APPLICATION FEE -RS. 1200/-
No. _____	BANK CHARGES - RS. 30/-
	<b>TOTAL AMOUNT - RS. 1230/-</b>
SIGNATURE OF CUSTOMER	

AMOUNT DEPOSITED Rs. 1230/- (Rs One Thousand Two Hundred Thirty Only)

FOR OFFICE USE	
TRANSACTION/ JOURNAL NO.:-	
SEAL	SIGNATURE/CASHIER

NOTE:-THE LAST DATE OF DEPOSITING AT BANK IS **07.07.2018**.

In case of any clarification please contact Allahabad Bank KGMU, Lucknow on 0522-22584679, 9044855996.

**The examination fee Rs. 1230/- (One Thousand Two Hundred Thirty Only for SC/ST)**