

BRANCH COPY



CASH/TRANSFER

CHALLAN FOR Post Graduate Fellowship in Strabismus and Pediatric Ophthalmology
Entrance Exam - 2018
(Unreserved and OBC students)

NAME OF THE BRANCH _____

NAME OF APPLICANT _____

MOBILE NUMBER +91 DATE OF DEPOSIT _____

FOR BRANCH:

KGMU Para Dental-2015 (Screen-1006)

CASH DETAILS	
PARTICULARS	Rs.
X1000	
X500	
X100	
X50	
x	
TOTAL	

FOR TRANSFER ENTRY	
DEBIT MY A/C	APPLICATION FEE -RS. 2000/-
No. _____	BANK CHARGES - RS. 30/-
	TOTAL AMOUNT - RS. 2030/-
SIGNATURE OF CUSTOMER	

AMOUNT DEPOSITED Rs.2030/-Rs. (Two Thousand 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. 2030/- (Two Thousand Thirty Only for General/OBC)

FOR CUSTOMER



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