CHALLAN FORM (CASH VOUCHER)

BRANCH COPY

STATE INSTITUTE OF MEDICAL EDUCATION AND TECHNOLOGY (SI-MET)

CHALLAN FORM (CASH VOUCHER)

CANDIDATE'S COPY

STATE INSTITUTE OF MEDICAL EDUCATION AND TECHNOLOGY (SI-MET)

Account No : 67130144345

at SBI Pettah Branch (code - 70213) Trivandrum

Account No

Date of Birth

: 67130144345

at SBI Pettah Branch (code - 70213) Trivandrum

Candidate's Name : Candidate's Name : Address

Address

District Pincode Date of Birth

SBI Branch Name:

Branch Code No# :

Deposit Date

Fee Remittance* Bank charges Total

Purpose

Authorized Signatory

Stamp

Application for the post of

Address:

Phone / Mobile No.

Signature of Depositor

Fee receiving branch is advised to write branch code no above

District Pincode

SBI Branch Name:

Branch Code No#:

Deposit Date

Fee Remittance* Bank charges Total

Purpose

Application for the post of

Authorized Signatory

Stamp

Signature of Depositor

Address:

Phone / Mobile No.

Fee receiving branch is advised to write branch code no. above

(This part of the challan will be required to be submitted by the candidate along with the

^{*} Rs. 500/- for Principal, Administrative Officer, Senior Superintendent & Rs. 250 for Senior Lecturer candidates belonging to General/OBC category and Rs. 250/- for Principal, Administrative Officer, Senior Superintendent & Rs. 125 for Senior Lecturer candidates belongs to SC/ST category

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