

**CHALLAN FORM (CASH VOUCHER)**

BRANCH COPY



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

Account No : 67130144345  
at SBI Pettah Branch ( code - 70213 ) Trivandrum

Candidate's Name :  
Address :

District :  
Pincode :  
Date of Birth :

SBI Branch Name :

Branch Code No # :

Deposit Date :

Fee Remittance : Rs.500/-  
Bank charges :  
Total :

Purpose { Application fee for admission to B.Sc Nursing /  
Post Basic B.Sc Nursing in Management / NRI seats

Signature of Depositor  
Address: .....

.....  
.....

Phone / Mobile No.

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

**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

Candidate's Name :  
Address :

District :  
Pincode :  
Date of Birth :

SBI Branch Name :

Branch Code No # :

Deposit Date :

Fee Remittance : Rs.500/-  
Bank charges :  
Total :

Purpose { Application fee for admission to B.Sc Nursing /  
Post Basic B.Sc Nursing in Management / NRI seats

Signature of Depositor  
Address: .....

.....  
.....

Phone / Mobile No.

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

**(This part of the challan will be required to be submitted by the candidate along with the application form)**