

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* :
Bank charges :
Total :

Purpose { Application for the post of

Signature of Depositor
Address:

Phone / Mobile No.

* Rs.1000/- for candidates belonging to General/OBC category and
Rs.500/- for SC/ST category

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

Authorized Signatory

Stamp

CHALLAN FORM (CASH VOUCHER)

CANDIDATE'S COPY



STATE INSTITUTE OF MEDICAL EDUCATION
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Rs.500/- for SC/ST category

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)

Authorized Signatory

Stamp