

CHALLAN FORM (CASH VOUCHER)

BRANCH COPY



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

Account No : 67130144345
at SBI Pettah Branch (Branch code: 70213)
(IFSC: SBIN0070213) Trivandrum

Candidate's Name : Mr./Mrs./Kum.
Admission No :
Name of College :
Name of Course :
Year of Study :
Category* : Govt Merit / Management
Date of Birth :

SBI Branch Name :

Branch Code No# :

Journal No :

Deposit Date :

Fee Remittance Rs.....
(Rupees.....only)

Purpose* { I Year / II Year / III Year / IV Year
Tuition Fees / Special Fees / Examination Fees /
Transcript fees / Others

Signature of Depositor
Address:

.....

Phone / Mobile No.

* Tick whichever is applicable.

Fee receiving branch is advised to write the Deposit Journal No. and branch code no. above invariably.

Authorized Signatory

Stamp

CHALLAN FORM (CASH VOUCHER)

CANDIDATE'S COPY



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(This part of the challan will be required to be submitted by the candidate at the college)

Authorized Signatory

Stamp