



NATIONAL BOARD OF EXAMINATIONS

NBE'S Copy

Indian Bank A/c No. 830641451

NBE'S copy to be attached with the application form / Bank's copy to be retained by the Bank / Candidate's copy to be retained by the candidate.

Date: _____

1. Name (in Capital letters): _____

2. Sl. No. of Application Form (if applicable): _____

3. Type of Fee **Amount in `.**

MEDICAL GENETICS -2017

Session - 2017

Rs. 2,500/-
(Inclusive of fee for Information Bulletin)

4. Bank Charges :- _____

5. Amount (in Figure) :- _____

6. Amount (in words) _____

7. Denomination of notes: _____

8. Bank Branch in which fee Deposited _____

9. For NEFT/RTGS Only
UTRNO.....

10. Bank Transaction ID No.
(For Bank use only)

Bank Seal & Signature of Authorized Bank Officer receiving the amount

(Signature of the Candidate)



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Depositors/Candidate's Copy

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