

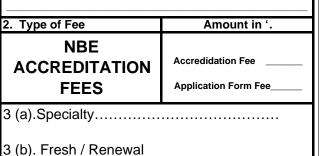
### NATIONAL BOARD OF EXAMINATIONS

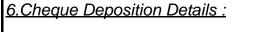
**NBE'S Copy** 

# NBE Accreditation Fees Collection A/c Axis Bank 913020055381656

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 Hospital/Institution

Challan No	Date:
Name of the Hospital/Institute	
2. Type of Fee	Amount in '.





Cheque No.

Drawee Bank.

Dated

Amount.

### 7. For RTGS/NEFT ONLY

UTR/RFF NO.....

5. Amount (in words)

B. Bank Branch Name:

9. Bank Transaction ID No.

(For Bank use only)

Bank Seal & Signature of

Authorized Bank Officer (In Case
Payment By Cheque)

(Signature of the Applicant)

**Axis Bank (Pay Through Easy Pay)** 



#### NATIONAL BOARD OF EXAMINATIONS

**HOSPITAL/INSTITUTION'S COPY** 

# NBE Accreditation Fees Collection A/c Axis Bank 913020055381656

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 Hospital/Institution

Challan No	Date:
1. Name of the Hospital/Institute	

2. Type of Fee
NBE
ACCREDITATION
FFFS

Accredidation Fee
Application Form Fee

Amount in '.

3 (a).Specialty.....

3	(b	).	Fı	esh	/	Rer	nev	val
4	Amo	un	t (in	Figure)				

5. Amount (in words)

.....

## 6.Cheque Deposition Details :

Cheque No.
Drawee Bank.
Dated
Amount.

### 7. For RTGS/NEFT ONLY

UTR/RFF NO.....

#### Bank Branch Name:

9. Bank Transaction ID No.

(For Bank use only)

Bank Seal & Signature of
Authorized Bank Officer (In Case

Payment By Cheque) (Signature of the Applicant)

Axis Bank (Pay Through Easy Pay)



#### NATIONAL BOARD OF EXAMINATIONS

**BANK'S COPY (For Cheque Only)** 

# NBE Accreditation Fees Collection A/c Axis Bank 913020055381656

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 Hospital/Institution

Date: \_ \_ \_ \_

1.	Name of the Hospital/Institute	
	•	

2. Type of Fee	Amount in '.
NBE	Accredidation Fee
ACCREDITATION	Accreditation ree
FEES	Application Form Fee

3 (b). Fresh / Re	enewal
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Challan No. ....

<ol><li>Amount (in Figure</li></ol>	·)	

5. Amount (in words)	 

## 6.Cheque Deposition Details:

<u>Cheque No</u>
Drawee Bank
Dated
Amount

This Bank Copy of Challan is not required in case payment through RTGS/NEFT

#### 8. Bank Branch Name:

9. Bank Transaction ID No.

(For Bank use only)

Bank Seal & Signature of Authorized Bank Officer (In Case Payment By Cheque)

(Signature of the Applicant)

Axis Bank (Pay Through Easy Pay)