



**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: .....

1. Name of the Hospital/Institute \_\_\_\_\_

2. Type of Fee	Amount in '.
<b>NBE ACCREDITATION FEES</b>	Accreditation Fee _____ Application Form Fee _____

3 (a). Specialty.....

3 (b). Fresh / Renewal

4. Amount (in Figure) \_\_\_\_\_

5. Amount (in words) \_\_\_\_\_

**6. Cheque Deposition Details :**

Cheque No. .....

Drawee Bank.....

Dated .....

Amount.....

**7. For RTGS/NEFT ONLY**

UTR/REF NO.....

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)**



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**6. Cheque Deposition Details :**

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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. \_\_\_\_\_  
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