

## NATIONAL BOARD OF EXAMINATIONS

NBE'S Copy

# **NBE Accreditation Fees Collection A/c** Indian Dank A/a No. (1922/1977

NBE'S copy to be attached with the application		NBE'S copy to be att
the Bank / Candidate's copy to be retained		the Bank / Candidate
Challan No	Date:	Challan No
Name of the Hospital/Institute		1. Name of the Hos
2. Type of Fee	Amount in ₹.	2. Type of Fe
NBE ACCREDITATION FEES	Accredidation Fee	NBE ACCR
3 (a).Specialty		3 (a).Specia
3 (b). Fresh / Renewal 4. Amount (in Figure) 5. Amount (in words)		3 (b). Fresh 4. Amount (in Figure) 5. Amount (in words)
6.Cheque Deposition	Details :	6.Cheque
Cheque NoDrawee BankDatedAmount	······	Cheque N Drawee Ba Dated Amount
7. For RTGS/NEFT ONL UTR/REF NO.	<u>Y</u>	7. For RTG
8. Bank Branch Name:		8. Bank Branc
9. Bank Transaction ID No. (For Bank use only)		9. Bank Transaction (For Bank use only
Bank Seal & Signature of Authorized Bank Officer (In Case Payment By Cheque)	(Signature of the Applicant)	Bank Seal & Signature of Authorized Bank Officer (In Payment By Cheque)
<b>.</b>		-



## NATIONAL BOARD OF EXAMINATIONS

**HOSPITAL/INSTITUTION'S COPY** 

**NBE** Accreditation Fees Collection A/c

Indian Bank A/c No. 6182342487

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

Amount in ₹.

Challan No Date:	
------------------	--

1. Name of the Hospital/Institute

2. Type of Fee	Amount in V.
NBE ACCREDITATION FEES	Accredidation Fee _
3 (a) Specialty	

3 (	(b).	Fresh	/ Rei	newa
-----	------	-------	-------	------

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)

Authorized Bank Officer (In Case Payment By Cheque)

(Signature of the Applicant)



## NATIONAL BOARD OF EXAMINATIONS

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

**NBE Accreditation Fees Collection A/c** Indian Bank A/c No. 6182342487

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

Name		
Name of the Hospital/Institute		
	Name of the Hospital/Institute	Name of the Hospital/Institute

2. Type of Fee	Amount in <b>\</b> .
NBE ACCREDITATION	Accredidation Fee
FEES	Application Form Fee

3 (	(a).Specia	ty		
-----	------------	----	--	--

3 (	(b)	).	Fr	es	h /	R	er	ne	W	al
-----	-----	----	----	----	-----	---	----	----	---	----

5. Amount (in words)

Challan No. .....

L	- (0)111011011011
4	4. Amount (in Figure)
ŀ	
Ŀ	
ſ	

6.Cheque Deposition Details:

Cheque No
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)