

NEIGRIHMS:: SHILLONG

**Bank Copy**

**Bank of Baroda**  
**Mawdiangdiang, Shillong**  
A/c No: - 30270200000002

A/c Name: - PRINCIPAL NURSING COLLEGE OF NEIGRIHMS

NEIGRIHMS copy to be attached with the Application Form / Bank Copy to be retained by the Bank / Candidates 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:

Examination Fee for M. Sc NURSING 2024-25

5. Amount (in figures):

1000/-  
(Rupees one thousand Only)

6.Bank Branch in which fee deposited

.....

7. Bank Transaction ID No. (For bank use only)

.....

\_\_\_\_\_  
Bank Seal and Signature of Authorized Bank Officer receiving the Amount

\_\_\_\_\_  
(Signature of the Candidate)

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**Candidate's Copy**

**Bank of Baroda**  
**Mawdiangdiang, Shillong**  
A/c No: - 30270200000002

A/c Name: - PRINCIPAL NURSING COLLEGE OF NEIGRIHMS

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