

NEIGRIHMS:: SHILLONG

Bank Copy

Bank of Baroda

Mawdiangdiang, Shillong

A/c No: - 30270200000005

A/c Name: - NEIGRIHMS MBBS Account

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 / Amount:

MBBS 2023-24/ ₹500

5. Amount (in figures):

500/-

(Rupees five hundred 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

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