



STATE BANK OF INDIA



Bank Copy

Examination fee detail for December, 2011
NET of UNIVERSITY GRANTS COMMISSION
(To be filled by the candidate)

Account No. : 30984727250

Candidate's Name : _____

Father's Name : _____

Address : _____

_____ Pin _____

Category :	GEN	OBC	SC	ST	PH	VH	(Please tick Mark for Proper Category)
Fees Required	450	225	110	110	110	110	

+
Bank Charges (Commission) : Rs. 20/-

NET Centre Code Subject Code

Signature of the Candidate

(To be filled by the Bank)

SBI Branch Name : _____

Branch Code

Journal No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Deposit Date :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	1	1
	D	D	M	M	Y	Y	Y	Y

Branch Stamp

Authorized Signatory



STATE BANK OF INDIA



UGC Copy
(To be attached by
Candidate In Original with
Application Form)

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	D	D	M	M	Y	Y	Y	Y

Branch Stamp

Authorized Signatory