

ORIGINAL

(Bank's Copy)

STATE BANK OF INDIA

_____ Branch

SI No.

SLET Commission, Assam (NE Region) 781014

Saving Bank A/c No. 10243128769

Examination Form Sl. No. :

Subject :

Name : (in Full)

Address.....

(a) Examination fees	
(b) Bank Charges	
Total	

Rupees (in words).....

Date : _____ Full Signature of depositor

(For BANK'S USE ONLY)

(Rupees in words

.....only)

Credited to the account of SLET Commission,

Assam.

Chief Manager
State Bank of India

Date : _____ Branch

DUPLICATE

(SLET Commission's Office Copy)

STATE BANK OF INDIA

_____ Branch

SI No.

SLET Commission, Assam (NE Region) 781014

Saving Bank A/c No. 10243128769

Examination Form Sl. No. :

Subject :

Name : (in Full)

Address.....

(a) Examination fees	
(b) Bank Charges	
Total	

Rupees (in words).....

Date : _____ Full Signature of depositor

(For BANK'S USE ONLY)

(Rupees in words

.....only)

Credited to the account of SLET Commission,

Assam.

Chief Manager
State Bank of India

Date : _____ Branch

TRIPLICATE

(Depositor's Copy)

STATE BANK OF INDIA

_____ Branch

SI No.

SLET Commission, Assam (NE Region) 781014

Saving Bank A/c No. 10243128769

Examination Form Sl. No. :

Subject :

Name : (in Full)

Address.....

(a) Examination fees	
(b) Bank Charges	
Total	

Rupees (in words).....

Date : _____ Full Signature of depositor

(For BANK'S USE ONLY)

(Rupees in words

.....only)

Credited to the account of SLET Commission,

Assam.

Chief Manager
State Bank of India

Date : _____ Branch

NB:Please pay Rs 25 as Bank Charges for payment making outside the Guwahati