

Bank Copy



State Bank of India
Fee Details



**Indira Gandhi National Tribal University
Amarkantak (M.P.)**

**Advertisement for Registrar, Dy. Registrar
and Internal Audit Officer**

(To be filled by the Candidate)

Account No:32349409544

Candidate's Name.....

Applied Post

Department

Address

..... PIN

Category	GEN	OBC	SC/ST/PWD	Tick the Category
Fee Required	500	500	NIL	

+

Bank Charges(Commission):Rs.....

Signature of the Candidate

(To be filled by the Bank)

SBI Branch Name : _____

Branch Code

Journal No.

Deposit Date : 2 0 1 6

D D M M Y Y Y Y

Branch Stamp

Authorized Signatory



University Copy

(To be attached in original with Application form)



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Fee Required	500	500	NIL	

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Candidate's Copy



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