

Bank Copy

University Copy

Candidate's Copy



State Bank of India
Fee Details



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

Fee for the Degree Certificate

(To be filled by the Candidate)

Account No.: 32349409544

Candidate's Name.....
Name of Degree.....
Subject,
Address,
..... PIN

Fee Required (Tick the Particular)	In Person	In Absentia
	500	700

+

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

Signature of the Candidate

(To be filled by the Bank)

SBI Branch Name : _____

Branch Code	Journal No.
<input type="text"/>	<input type="text"/>

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

Branch Stamp

Authorized Signatory



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	D	D	M	M	Y	Y	Y

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