STATE BANK OF TRAVANCORE

ORIGINAL

(To the Remitter - to be attached with the application)

Number.....

Date.....

Asst./ Deputy Manager

Cashier

Pay-in-Slip

Cashier

	Rupee in words			
	Purpose of Remittance	Rate	Rs.	Ps.
	Course fee (1st/2nd instalment)			
	Lab Fee			
	Caution Deposit			
	Registration Fee (Private)			
	Exam Fee			
	Postal Charge			
	Fine/ Re-Registration			
	Others			
	Bank Commission		10	00
	TOTAL			
0	lame and Address: f the Candidate n capital letters)			
S	ignature of the Remitter			
	_			
Α	mount Remitted Rs	(1	Rupees	
				١.

STATE	RΛ	NK	○E	TDA	/A N	
SIAIE	\mathbf{D}^{μ}	IND	UE	IRAI	/AIN	ICURE

..... Branch

DUPLICATE

Pay-in-Slip	Number			
(To be sent KSOS, Poojappura together with a copy of the Scroll at the end of the month)				
Admission Number, if any				
Name of Centre				
Paid in to the Credit of KERAI	LA STATE	OPEN SC	HOOL	
ACCOUNT No. 5700113367	' 4			
Rupee in words				
Purpose of Remittance	Rate	Rs.	Ps.	
Course fee (1st/2nd instalment)				
Lab Fee				
Caution Deposit				
Registration Fee (Private)				
Exam Fee				
Postal Charge				
Fine/ Re-Registration				
Others				
Bank Commission		10	00	
TOTAL				
Name and Address:				

Asst./ Deputy Manager

STATE BANK OF TRAVANCORE

..... Branch

TRIPLICATE

Pay-in-Slip	Number
	Date
(Copy for Coll	lecting Branch)
Admission Number, if any	
Name of Centre	
Paid in to the Credit of KERAI	LA STATE OPEN SCHOOL
ACCOUNT No. 5700113367	74
Rupee in words	

Rate	Rs.	Ps.
	10	00
	Rate	

Name and Address:of the Candidate
(in capital letters)
Signature of the Remitter
Amount Remitted Rs (Rupees (Rupees

Cashier Asst./ Deputy Manager