

FORM NO:

Personal Copy
TRIPURA BOARD OF JOINT ENTRANCE EXAMINATION
Agartala, Tripura

State Bank of India

Branch..... Date

CREDIT to SB A/C No. **10915024167**

(Agartala Branch Code No : **00002**)

Date of Deposit.....

Journal No.....

(To be given by receiving Bank)

Name of Student.....

Address.....

.....

Sl. No.	Particulars	Amount
1.	Examination Fees	
2.	Bank's Commission	
3.	Other Charges	
	Total	

Rupees (in world).....

.....

Signature of the
Bank Official

Signature of the
Depositor

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Board's Copy
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