



State Bank of India

Bank Challan (Bank Copy)

Account No.- 34924933479

Beneficiary Name

Longowal Polytechnic & Pharmacy
College. Derabassi - Mohali (Pb)

Course*:

Name of Student/ Applicant*:

Application No/ Challan No.
Father's Name*:

Ref. No. /Refund Account No. /
Mobile No.*:

Amount of Fee:
(in figure)

Bank Charges:

Total Amount:

(in words)

(*Mandatory fields to be feeded by branches)

Depositor Signature: _____

Detail of Cash:

1000x		
500x		
100x		
50x		
Total		

(To be filled up by the bank)

Branch Name _____

Branch Code _____

Journal No. _____

Deposit Date _____

Stamp of the Bank

Note: Bank copy to be retained by the bank. Institute copy & Candidate Copy to be handed over to the candidate.

For Further ENQUIRY

Branch Name: Derabassi, Distt - Mohali
Branch Code: 10739
Phone No: 01762-281247



State Bank of India

Bank Challan (Institute Copy)

Account No.- 34924933479

Beneficiary Name

Longowal Polytechnic & Pharmacy
College. Derabassi - Mohali (Pb)

Course*:

Name of Student/ Applicant*:

Application No/ Challan No.
Father's Name*:

Ref. No. /Refund Account No. /
Mobile No.*:

Amount of Fee:
(in figure)

Bank Charges:

Total Amount:

(in words)

(*Mandatory fields to be feeded by branches)

Depositor Signature: _____

Detail of Cash:

1000x		
500x		
100x		
50x		
Total		

(To be filled up by the bank)

Branch Name _____

Branch Code _____

Journal No. _____

Deposit Date _____

Stamp of the Bank

Note: Bank copy to be retained by the bank. Institute copy & Candidate Copy to be handed over to the candidate.

For Further ENQUIRY

Branch Name: Derabassi, Distt - Mohali
Branch Code: 10739
Phone No: 01762-281247



State Bank of India

Bank Challan (Candidate Copy)

Account No.- 34924933479

Beneficiary Name

Longowal Polytechnic & Pharmacy
College. Derabassi - Mohali (Pb)

Course*:

Name of Student/ Applicant*:

Application No/ Challan No.
Father's Name*:

Ref. No. /Refund Account No. /
Mobile No.*:

Amount of Fee:
(in figure)

Bank Charges:

Total Amount:

(in words)

(*Mandatory fields to be feeded by branches)

Depositor Signature: _____

Detail of Cash:

1000x		
500x		
100x		
50x		
Total		

(To be filled up by the bank)

Branch Name _____

Branch Code _____

Journal No. _____

Deposit Date _____

Stamp of the Bank

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