










INDIAN NURSING COUNCIL (INC) CHALLAN FOR PAYMENT OF FEES		
	<b>BANK COPY</b> (To be retained by SBI Branch) DEPOSIT IN ANY BRANCH OF STATE BANK OF INDIA	
<b>SBI CBS SCREEN NUMBER</b> 8888	<b>FEE TYPE</b> 112	
<b>REFERENCE NUMBER</b>		
<b>NAME OF THE INSTITUTION</b>		
<b>MOBILE NUMBER</b>		
<b>AMOUNT</b> (FEES + Rs. 70/- AS BANK CHARGES)	<b>FEES (Rs.)</b>	
	<b>BANK CHARGES (Rs.)</b>	70/-
	<b>TOTAL (Rs.)</b>	
<b>AMOUNT (IN WORDS)</b>		
<b>MODE OF PAYMENT</b> <input checked="" type="checkbox"/>	2) CASH <input type="checkbox"/>	
1) TRANSFER FROM SBI A/C <input type="checkbox"/>	1000 X	
3) CHEQUE FOR CLEARING <input type="checkbox"/>	500 X	
CHEQUE NUMBER: _____	100 X	
	50 X	
CHEQUE DATED: _____	20 X	
DRAWN ON (BANK/BRANCH NAME):	10 X	
	5 X	
	2 X	
	1 X	
<b>Signature of Depositor :</b>	<b>TOTAL</b>	
*****		
Details below to be filled in by the Bank		
SBI Branch Code: _____ DATE OF RECEIPT: ...../...../.....		
	<b>SBI JOURNAL NO.</b> .....	<b>Signature of Bank's Official with Seal</b>
<i>(To be written in legible handwriting)</i>		

INDIAN NURSING COUNCIL (INC) CHALLAN FOR PAYMENT OF FEES		
	<b>APPLICANT'S COPY</b> (To be retained by Applicant) DEPOSIT IN ANY BRANCH OF STATE BANK OF INDIA	
<b>SBI CBS SCREEN NUMBER</b> 8888	<b>FEE TYPE</b> 112	
<b>REFERENCE NUMBER</b>		
<b>NAME OF THE INSTITUTION</b>		
<b>MOBILE NUMBER</b>		
<b>AMOUNT</b> (FEES + Rs. 70/- AS BANK CHARGES)	<b>FEES (Rs.)</b>	
	<b>BANK CHARGES (Rs.)</b>	70/-
	<b>TOTAL (Rs.)</b>	
<b>AMOUNT (IN WORDS)</b>		
<b>MODE OF PAYMENT</b> <input checked="" type="checkbox"/>	2) CASH <input type="checkbox"/>	
1) TRANSFER FROM SBI A/C <input type="checkbox"/>	1000 X	
3) CHEQUE FOR CLEARING <input type="checkbox"/>	500 X	
CHEQUE NUMBER: _____	100 X	
	50 X	
CHEQUE DATED: _____	20 X	
DRAWN ON (BANK/BRANCH NAME):	10 X	
	5 X	
	2 X	
	1 X	
<b>Signature of Depositor :</b>	<b>TOTAL</b>	
*****		
Details below to be filled in by the Bank		
SBI Branch Code: _____ DATE OF RECEIPT: ...../...../.....		
	<b>SBI JOURNAL NO.</b> .....	<b>Signature of Bank's Official with Seal</b>
<i>(To be written in legible handwriting)</i>		

INDIAN NURSING COUNCIL (INC) CHALLAN FOR PAYMENT OF FEES		
	<b>INC COPY</b> (To be sent to INC) DEPOSIT IN ANY BRANCH OF STATE BANK OF INDIA	
<b>SBI CBS SCREEN NUMBER</b> 8888	<b>FEE TYPE</b> 112	
<b>REFERENCE NUMBER</b>		
<b>NAME OF THE INSTITUTION</b>		
<b>MOBILE NUMBER</b>		
<b>AMOUNT</b> (FEES + Rs. 70/- AS BANK CHARGES)	<b>FEES (Rs.)</b>	
	<b>BANK CHARGES (Rs.)</b>	70/-
	<b>TOTAL (Rs.)</b>	
<b>AMOUNT (IN WORDS)</b>		
<b>MODE OF PAYMENT</b> <input checked="" type="checkbox"/>	2) CASH <input type="checkbox"/>	
1) TRANSFER FROM SBI A/C <input type="checkbox"/>	1000 X	
3) CHEQUE FOR CLEARING <input type="checkbox"/>	500 X	
CHEQUE NUMBER: _____	100 X	
	50 X	
CHEQUE DATED: _____	20 X	
DRAWN ON (BANK/BRANCH NAME):	10 X	
	5 X	
	2 X	
	1 X	
<b>Signature of Depositor :</b>	<b>TOTAL</b>	
*****		
Details below to be filled in by the Bank		
SBI Branch Code: _____ DATE OF RECEIPT: ...../...../.....		
	<b>SBI JOURNAL NO.</b> .....	<b>Signature of Bank's Official with Seal</b>
<i>(To be written in legible handwriting)</i>		

**Instructions for SBI Branches:**

- 1) Please feed the Reference Number in REG ID/Ref No. column in CBS Screen: 8888
- 2) Under no circumstances the branches should issue Draft against the challan.
- 3) Please note to write the **Journal Number** in all the challans.