

CHALLAN FORM (CASH VOUCHER)
FEES CAN BE PAID AT ANY BRANCH OF SGB ONLY

BRANCH COPY

Saurashtra Gramin Bank
Application Fee Details
Recruitment of Officer Scale-I-II/Office Asistant(MP)

Account No : 78004587142

Candidate's Name : Mr./Mrs/Kum.

Category* : SC/ST/OBC/GEN/PWD/EXSM

Date of Birth :

SGB Branch Name :

Branch Code No# :

Transaction id/Scroll number # :
(7 to 10 digits)

Deposit Date :

Application Fee/Postage Rs.....

(Rupees.....only)

Signature of Depositor Authorized Signatory
Address:..... Stamp
.....

Phone/Mob. No.

* Tick whichever is applicable.

Fee receiving branch is advised to write the Deposit Journal No. and branch code no. above invariably.

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CANDIDATE'S COPY

Saurashtra Gramin Bank
Application Fee Details
Recruitment of Officer Scale-I-II/Office Asistant(MP)

Affix Pass port
size photo

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(This part of the challan will be required to be submitted by the candidate at the time of interview along with a photograph, otherwise the candidate will not be allowed to appear at the examination.)