

CHALLAN FORM (CASH VOUCHER)	CHALLAN FORM (CASH VOUCHER)
BRANCH COPY	CANDIDATE'S COPY
Saurashtra Gramin Bank Application Fee Details Recruitment of Officer Scale-I/Office Asistant(MP)	Saurashtra Gramin Bank Application Fee Details Recruitment of Officer Scale-I/Office Asistant(MP)
Account No : 78004587142	Account No : 78004587142
Candidate's Name : Mr./Mrs/Kum.	Candidate's Name : Mr./Mrs/Kum.
Category* : SC/ST/OBC/GEN/PWD/EXSM	Category* : SC/ST/OBC/GEN/PWD/EXSM
Date of Birth :	Date of Birth :
<u>SGB Branch Name</u> :	<u>SGB Branch Name</u> :
Branch Code No# :	Branch Code No# :
Journal No # : (7 to 10 digits)	Journal No # : (7 to 10 digits)
Deposit Date :	Deposit Date :
Application Fee/Postage Rs..... (Rupees.....only)	Application Fee/Postage Rs..... (Rupees.....only)
Signature of Depositor Address:..... Phone/Mob. No.	Signature of Depositor Address:..... Phone/Mob. No.
Authorized Signatory Stamp	Authorized Signatory Stamp
* Tick whichever is applicable. # Fee receiving branch is advised to write the Deposit Journal No. and branch code no. above invariably.	* Tick whichever is applicable. # Fee receiving branch is advised to write the Deposit Journal No. and branch code no. above invariably. <u>(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.)</u>

