

KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD
1st Floor, Library Block, B.M.C.R.I. Campus, Bengaluru-560 002.
Ph No: 080-26700074/75,
Website: www.ksdneb.org. Email : ksdneb@gmail.com

School Copy Challan

Bank Use Only	Bank and Branch Name	
	Bank Journal No.	
	Bank Journal Date	

STUDENT AFFILIATION FEES Aug-2018-19

School Code :

School /Institute Name : _____

(TO BE INCORPORATED IN CBS BY COLLECTING BRANCH)

Medical Superintendent & Deputy Chairman KSDNEB,
Bengaluru.

A/C No : 64210253741 State Bank of India,
Tippu Palace Road Branch, IFSC Code: SBIN0070242

Fee Code	Student Affiliation Fees	Amount	
1 Students X 500/-		
	Total Amount		
	Bank Charges		

Amount In words Rs :

Remitter's PAN/GIR No. with name

(Compulsory for Remittances of Rs.50,000/- and above)

Date: _____
Signature of Receiving Authority /Bank

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