STAFF SELECTION COMMISSION **CHALLAN FOR FEE DEPOSIT**

Combined Graduate Level Examination, 2023

SSC

BANK COPY

(To be retained by SBI branch)
DEPOSIT IN ANY BRANCH OF SBI IN **CASH** ONLY



| SBI CBS SCREEN NUMBER: 8888 | FEE TYPE : 324 |
|--|--|
| CHALLAN REFERENCE NUMBER (To be entered in Reg. ID/Ref. No held in screen- 8888 in CBS) | 23015010007537260 |
| APPLICANT'S NAME | GOUTHAM A |
| CHALLAN GENERATION DATE | 17/04/2023 |
| CHALLAN EXPIRY DATE | 05/05/2023 |
| Amount: (In figures):Rs.100 (In words) *(No Bank Charges to be taken from depositor s | |
| Signature of Depositor: | |
| **********Details below to l | be filled in by the bank********* |
| SBI Branch Code: DATE OF | RECEIPT:/(dd/mm/yyyy) |
| SBI JOURNAL NO. | |
| (To be written in legible handwriting) | Signature of Bank's Official with Seal |
| Instructions for SBI Branches: | |
| Branches should not refuse to accept the Challan. Please note to write the Journal Number in all the Journal Summer in all the Journal Summer in all the Journal Summer in the Candidate positively 4. No separate charges/commission to be charged from 5. In case of any problem, Branch should immediate 011-23374038, 011-23407664 & email - customed IMPORTANT INSTRUCTIONS | y after entering Registration ID. om the depositor. ely contact Host Branch(00691) on these number. ercare.00691@sbi.co.in |
| 1. Challan can be deposited after minimum Three hours of generation of challan during Bank hours 2. Please note the Last Date for receipt of CASH payment by SBI is: 05/05/2023 | |

STAFF SELECTION COMMISSION **CHALLAN FOR FEE DEPOSIT**

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CANDIDATE COPY (To be retained by the Candidate) DEPOSIT IN ANY BRANCH OF SBI IN **CASH** ONLY



| SBI CBS SCREEN NUMBER: 8888 | FEE TYPE : 324 |
|--|--|
| CHALLAN REFERENCE NUMBER (To be entered in Reg. ID/Ref. No held in screen- 8888 in CBS) | 23015010007537260 |
| APPLICANT'S NAME | GOUTHAM A |
| CHALLAN GENERATION DATE | 17/04/2023 |
| CHALLAN EXPIRY DATE | 05/05/2023 |
| <u>Amount:</u> (In figures):Rs.100 (In words): *(No Bank Charges to be taken from depositor set | |
| Signature of Depositor: | |
| *******Details below to b | be filled in by the bank********* |
| SBI Branch Code: DATE OF | RECEIPT: /(dd/mm/yyyy) |
| SBI JOURNAL NO. | |
| (To be written in legible handwriting) | Signature of Bank's Official with Seal |
| Instructions for SBI Branches: | |
| 1. Branches should not refuse to accept the Challan. 2. Please note to write the Journal Number in all th 3. Please check the Name of the Candidate positively 4. No separate charges/commission to be charged fr 5. In case of any problem, Branch should immediate 011-23374038, 011-23407664 & email - custome | y after entering Registration ID. om the depositor. ly contact Host Branch(00691) on these number. |
| IMPORTANT INSTRUCTIONS | TO CANDIDATES |

- Challan can be deposited after minimum Three hours of generation of challan during Bank hours
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