

Depositor Copy

Pre Acknowledgement Payment(PAP) Form for Payment through any SBI Branch

Date: 21-12-2023

Beneficiary/Remittance Details		
State Bank Collect Reference No.	DUM0097603	
Beneficiary:	DIRECTOR- MANIT	
Category:	Hostel Rent	
Last Date of Payment:	30-06-2025 23:45	
Remitter	Niket kaithal	
	Rs	
Collection Amount	20,500.00	
Comission	59.00	
Total (Rupees Twenty Thousand Five Hundred Fifty Nine Only)	20,559.00	

Details of Cash / Cheques	Rs	p
Total Rs		

Instructions for Depositor: This is not an e-receipt. After payment , please visit www.onlinesbi.sbi > 'State Bank Collect' and click on the hyperlink at the bottom of the page to generate the e-receipt.

(To be Filled in by the Bank)

Journal No: **DUM0097603**

Branch Name: _____

Branch Code:

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 Deposit Date:

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Branch Stamp

Authorised Signatory

Branch Copy

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Branch Teller: Use SCR 008765 Deposit > Fee Collection > State Bank Collect

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Mode of Payment (Choose Either Cash / Cheque)

Cash ☐ PAN:

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Please quote your PAN for Cash remittance >= Rs. 50,000

Cash Notes	Amount			
	Rs			P
*2000				
*500				
*200				
*100				
*50				
*20				
*10				
Coins				
Total Rs				

Cheque ☐

Cheque No: _____ Cheque Date: _____

Drawee Bank: State Bank of India (other bank cheques not accepted under PAP)

Branch: _____

Signature of the Depositor

Space for Bank use

Branch Stamp