Signature Acknowledgement Name of the Depositor Amount (in Address for communication Cash Deposit: Customer Name DETAILS TO BE Denomination Collection code Institute ID Branch Branch whichever is applicable) Date of Birth 1000 * Candidate Name Category (Tick oins Total 500 * 100 * 50 * 20 10 AUTION **∀** * * * Name Contact No words): • • USE Rs. CAPTURED RsOFGEN("FCMBR" GEN(Ps $\overline{}$ \smile Z \bigcirc 3 D Commission Total amount For Cheque BC(ENU l'otal fee payable 9 Chq No **FCMBR** Madhya OFRES(Bank use \smile **OPTION IN** atio Date Deposit: Date of Chq Bihar of Deposit only MBGB nal Rs. Rs. Gramin FINACLE INSTEAD OF "TM" OAGEN(bank RES Name of Bank $\overline{}$ Bank PNB \smile MM OARES(DIST. NO. Bank Copy Rs. Ps Signature Name Amount (in Total of the Depositor

Candidate Copy

| | punj | ab natio | nal bank | DIST. NO. | NO. |
|--------------------------|----------|-----------------|-------------------|-----------|--------|
| Branch | | | | | |
| Customer Name | | Madhya Bi | Bihar Gramin Bank | nk | |
| Institute ID | | | MBGB | | |
| Collection code | OFGEN() | OFRES() | OAGEN(|) OA | RES() |
| | | Date of | Date of Deposit | | |
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words):

Rs

Address for communication & Contact No

For Bank use only

cknowledgement

Cashier/Officer

Contact for help-

Contact for help-

Cashier/Officer