

**CHALLAN FORM (CASH VOUCHER)**

BRANCH COPY

**STATE INSTITUTE OF MEDICAL EDUCATION  
AND TECHNOLOGY (SI-MET)**

Account No : 67130144345  
at SBT Pettah Branch ( code - 70213 ) Trivandrum

Candidate's Name :  
Address :

District :  
Pincode :  
Date of Birth :

SBT Branch Name :

Branch Code No# :

Deposit Date :

Fee Remittance\* :  
Bank charges : Rs.30/-  
Total :

Purpose { Application for the post of .....

Signature of Depositor

Address: .....

Stamp

Authorized Signatory

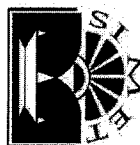
Phone / Mobile No. ....

\* Rs.100/- for candidates belonging to General/OBC category and  
Rs.50/- for SC/ST category

# Fee receiving branch is advised to write branch code no. above

**CHALLAN FORM (CASH VOUCHER)**

CANDIDATE'S COPY

**STATE INSTITUTE OF MEDICAL EDUCATION  
AND TECHNOLOGY (SI-MET)**

Account No : 67130144345  
at SBT Pettah Branch ( code - 70213 ) Trivandrum

Candidate's Name :  
Address :

District :  
Pincode :  
Date of Birth :

SBT Branch Name :

Branch Code No# :

Deposit Date :

Fee Remittance\* :  
Bank charges : Rs.30/-  
Total :

Purpose { Application for the post of .....

Signature of Depositor

Address: .....

Stamp

Authorized Signatory

Phone / Mobile No. ....

\* Rs.100/- for candidates belonging to General/OBC category and  
Rs.50/- for SC/ST category

# Fee receiving branch is advised to write the branch code no. above

(This part of the challan will be required to be submitted by the candidate along with the application form)