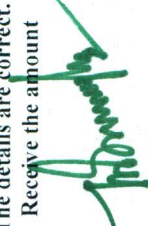
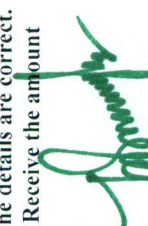


The amount is paid at ----- Bank/Treasury in ----- cash

Treasury Code 0200	Drawing Officer Code DR003	Date	Challan No.							
Name & Address of Payee:										
Purpose of Payment: Registration / Affiliation / Examination / Admission / Re-valuation / Certificate / Marks Cards / Duplicate Certificate & Marks Cards / Consolidated Marks Cards / Verification / Transcript / Migration Fees etc.										
Details of Head of Account 0210-03-105-0-01 Chairman, Board of Examining Authority, Bangalore..		The details are correct. Receive the amount								
Medical and Public Health - 0210		 Chairman, Board of Examining Authority, Bangalore.								
Medical Education, Training and Research - 03										
Allopathy - 105										
Medical Education (including Pharmacy) - 0										
Chairman Board of Examining Authority, (Government College of Pharmacy) - 01										
Details of Payment		Head of Account Amount								
0	2	1	0	3	1	0	5	0	0	1
Total amount										
Rupees in words _____ Rupees only										
Date _____										
Place: _____ Signature of Payee										
Received Rupees(in words) _____ Rupees only										
Treasurer _____ Accountant _____ Treasury/Bank Officer _____										

The amount is paid at ----- Bank/Treasury in ----- cash

Treasury Code 0200	Drawing Officer Code DR003	Date	Challan No.							
Name & Address of Payee:										
Purpose of Payment: Registration / Affiliation / Examination / Admission / Re-valuation / Certificate / Marks Cards / Duplicate Certificate & Marks Cards / Consolidated Marks Cards / Verification / Transcript / Migration Fees etc.										
Details of Head of Account 0210-03-105-0-01 Chairman, Board of Examining Authority, Bangalore..		The details are correct. Receive the amount								
Medical and Public Health - 0210		 Chairman, Board of Examining Authority, Bangalore.								
Medical Education, Training and Research - 03										
Allopathy - 105										
Medical Education (including Pharmacy) - 0										
Chairman Board of Examining Authority, (Government College of Pharmacy) - 01										
Details of Payment		Head of Account Amount								
0	2	1	0	3	1	0	5	0	0	1
Total amount										
Rupees in words _____ Rupees only										
Date _____										
Place: _____ Signature of Payee										
Received Rupees(in words) _____ Rupees only										
Treasurer _____ Accountant _____ Treasury/Bank Officer _____										