



NATIONAL BOARD OF EXAMINATIONS

NBE'S Copy

NBE Accreditation Fees Collection A/c

Axis Bank 913020055381656

NBE'S copy to be attached with the application form / Bank's copy to be retained by the Bank / Candidate's copy to be retained by the Hospital/Institution

Challan No. Date:

1. Name of the Hospital/Institute _____

2. Type of Fee	Amount in `.
NBE ACCREDITATION FEES	Accreditation Fee _____ Application Form Fee _____

3 (a). Specialty.....

3 (b). Fresh / Renewal

4. Amount (in Figure) _____

5. Amount (in words) _____

6. Cheque Deposition Details :

Cheque No.

Drawee Bank.....

Dated

Amount.....

7. For RTGS/NEFT ONLY

UTR/REF NO.....

8. Bank Branch Name: _____

9. Bank Transaction ID No. _____
(For Bank use only)

Bank Seal & Signature of Authorized Bank Officer (In Case Payment By Cheque)
(Signature of the Applicant)

Axis Bank (Pay Through Easy Pay)



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HOSPITAL/INSTITUTION'S COPY

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BANK'S COPY (For Cheque Only)

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Cheque No.

Drawee Bank.....

Dated

Amount.....

This Bank Copy of Challan is not required in case payment through RTGS/NEFT

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