

NEIGRIHMS:: SHILLONG

**Bank Copy**

**Bank of Baroda**  
**Mawdiangdiang, Shillong**  
A/c No: - 30270200000005

A/c Name: - NEIGRIHMS MBBS ACCOUNT

NEIGRIHMS copy to be attached with the Application Form / Bank Copy to be retained by the Bank / Candidates Copy to be retained by the candidate.

Date: .....

1. Name (in capital letters): .....  
.....  
.....

2. Sl. No. of Application Form (if applicable): .....

3.Type of Fee / Amount: PG (MD/MS)

5. Amount (in figures): 3000/-  
(Rupees Three Thousand) Only

6.Bank Branch in which fee deposited .....

7. Bank Transaction ID No. (For bank use only) .....

\_\_\_\_\_  
**Bank Seal and Signature of Authorized Bank Officer receiving the Amount**

\_\_\_\_\_  
**(Signature of the Candidate)**

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**Candidate's Copy**

**Bank of Baroda A/c No.....**  
**Mawdiangdiang, Shillong**  
A/c No: - 30270200000005

A/c Name: - NEIGRIHMS MBBS ACCOUNT

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