NEIGRIHMS:: SHILLONG		NEIGRIHMS:: SHILLONG		NEIGRIHMS:: SHILLONG	
Bank (Сору	Candida	te's Copy	NEIGRIE	IMS Copy
Bank of Baroda Mawdiangdiang, Shillong A/c No: - 3027020000005 A/c Name: - NEIGRIHMS MBBS ACCOUNT		Bank of Baroda A/c No		Bank of Baroda A/c No Mawdiangdiang, Shillong A/c No: - 30270200000005 A/c Name: - NEIGRIHMS MBBS ACCOUNT	
NEIGRIHMS copy to be attache Bank Copy to be retained by th retained by the candidate.	ed with the Application Form / e Bank / Candidates Copy to be		ed with the Application Form / ne Bank / Candidates Copy to be		ed with the Application Form / ne Bank / Candidates Copy to be
Date:		Date:		Date:	
1. Name (in capital letters):		i ' ' ' ' ' ' '		1. Name (in capital letters):	
2. Sl. No. of Application Form (if applicable):		2. Sl. No. of Application Form (if applicable):		2. Sl. No. of Application Form (if applicable):	
3.Type of Fee / Amount:	PG (MD/MS)	3.Type of Fee / Amount:	PG (MD/MS)	3.Type of Fee / Amount:	PG (MD/MS)
5. Amount (in figures): 3000/- (Rupees Three Thousand) Only		5. Amount (in figures): 3000/- (Rupees Three Thousand) Only		5. Amount (in figures): 3000/- (Rupees Three Thousand) Only	
6.Bank Branch in which fee deposited		6.Bank Branch in which fee deposited		6.Bank Branch in which fee deposited	
7. Bank Transaction ID No. (For bank use only)		7. Bank Transaction ID No. (For bank use only)		7. Bank Transaction ID No. (For bank use only)	
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature of the Candidate)	Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature of the Candidate)	Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature of the Candidate)