

BANK COPY

From : Bank	
Branch Name	
Date:	

Details of Applicant (Remitter)

Reference / Application No.	
Name of Applicant	
Mobile Number	
Account No. (if any)	
Cheque details (if applicable)	

Details of Beneficiary

Centre / Place	Shivagangothri, Davangere
Branch Name	State Bank of India, Davangere University Campus (Ph. No.08192-208088)
Branch Code	SBIN0040869
Beneficiary's Name	Finance Officer, Davangere University
Beneficiary's A/c No.	64050645885

No	Particulars	Amount
1	Application Fee	
2	Affiliation / Service / UDF Fee	
3	Change of College Name/ Place/ Conversion into Co-education	
4	Excess Intake Fee	
5	Approval of the appointment of Principal /Teachers in College	
6	LIC for Re-inspection Fee	
7	No Objection Certificate	
8		
	Total	

Amount in Words: Rupees
.....Only

Date: Applicant's Signature

1. Remit the amount as per details enumerated above
2. Remittance to be made as per conditions of transfer by N.E.F.T.
3. Not Transferable

Received Rupees
Date:

Remittance / UTR Number	Authorized Signatory with Seal
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FINANCE SECTION COPY

From : Bank	
Branch Name	
Date:	

Details of Applicant (Remitter)

Reference / Application No.	
Name of Applicant	
Phone Number	
Account No. (if any)	
Cheque details (if applicable)	

Details of Beneficiary

Centre / Place	Shivagangothri, Davangere
Branch Name	State Bank of India, Davangere University Campus (Ph. No.08192-208088)
Branch Code	SBIN0040869
Beneficiary's Name	Finance Officer, Davangere University
Beneficiary's A/c No.	64050645885

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8		
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Amount in Words: Rupees
.....Only

Date: Applicant's Signature

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3. Not Transferable

Received Rupees
Date:

Remittance / UTR Number	Authorized Signatory with Seal
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CDC COPY - to be sent with application

From : Bank	
Branch Name	
Date:	

Details of Applicant (Remitter)

Reference / Application No.	
Name of Applicant	
Phone Number	
Account No. (if any)	
Cheque details (if applicable)	

Details of Beneficiary

Centre / Place	Shivagangothri, Davangere
Branch Name	State Bank of India, Davangere University Campus (Ph. No.08192-208088)
Branch Code	SBIN0040869
Beneficiary's Name	Finance Officer, Davangere University
Beneficiary's A/c No.	64050645885

No	Particulars	Amount
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8		
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Amount in Words: Rupees
.....Only

Date: Applicant's Signature

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Received Rupees
Date:

Remittance / UTR Number	Authorized Signatory with Seal
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COLLEGE COPY - to be retained with applicant

From : Bank	
Branch Name	
Date:	

Details of Applicant (Remitter)

Reference / Application No.	
Name of Applicant	
Phone Number	
Account No. (if any)	
Cheque details (if applicable)	

Details of Beneficiary

Centre / Place	Shivagangothri, Davangere
Branch Name	State Bank of India, Davangere University Campus (Ph. No.08192-208088)
Branch Code	SBIN0040869
Beneficiary's Name	Finance Officer, Davangere University
Beneficiary's A/c No.	64050645885

No	Particulars	Amount
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2	Affiliation / Service / UDF Fee	
3	Change of College Name/ Place/ Conversion into Co-education	
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Received Rupees
Date:

Remittance / UTR Number	Authorized Signatory with Seal
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