

BANK DETAILS (Please fill in block letters only)

(Please enclose the Photo copy of Bank pass book containing Core Bank Account No. and IFSC code)

Details of processing fee submitted in favour of

“The Director of Medical Education, Bengaluru”

OR

Online payment through IMPS/ NEFT to A/c No: 520101066763580
IFSC CODE: CORP0000143, Corporation Bank, Shivajinagar branch.

DD No. / UTR number	Name of the Bank	Amount	Date
		10,000/-	

CET Reg. Number	
NEET Roll Number	
All India NEET UG Rank	
Name of the Account Holder	
Relationship to the Candidate	
Core Bank Account Number	
IFSC Code of the Bank	
Name of the Bank	
Branch Name	
Phone no. of the Bank with STD code	

Candidate Mobile No																				
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(Message will be sent to the above mobile number by the bank, after crediting the balance amount **if any**, to the account number furnished by the Candidate)

Signature of the Father / Mother

Signature of the Candidate

Date: ____ / ____ / 2019

Place:


Director of Medical Education
Ananda Rao Circle, Bangalore

