CSIO/ISTC COPY
(Submit this copy to ISTC Principal Office)

Regn. No.					

Indo-Swiss Training Centre
CSIR-Central Scientific Instruments Organisation
Sector 30-C, Chandigarh-160030

STATE BANK OF INDIA
SWF Account No. 10304630172

(To be filled by the candidate)

Name of Applicant:										
Mobile No.:										
Date of Deposit:	d	d	m	m	y	y	y	y		

Fee Heads : (Please fill applicable head)	Amount (Rs.)
Student Welfare Fund	2500-00
News Paper	150-00
Others (Pl. Specify):	
Others (Pl. Specify):	
Total Fee (Rs)	
Amount in words	

(Signature of Depositor)

TO BE FILLED BY BANK

Journal No. (Host Trace No.)	

Date:		Signature of the Authorised Bank Officer With Seal
Place:		

Important Instructions:

1.	Candidate must submit CSIO/ISTC Copy of this Fee Deposit Slip to ISTC Principal Office.
2.	Keep Applicant's copy of this Fee Deposit slip for future references.
3.	Candidate should ensure that the Journal No. (Host Trace No.) is allotted by the bank for this payment.
4.	The bank should not do bench posting or trickle feed Journal No. (Host Trace No.).

APPLICANT'S COPY

Regn. No.					

Indo-Swiss Training Centre
CSIR-Central Scientific Instruments Organisation
Sector 30-C, Chandigarh-160030

STATE BANK OF INDIA
SWF Account No. 10304630172

(To be filled by the candidate)

Name of Applicant:										
Mobile No.:										
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Student Welfare Fund	2500-00
News Paper	150-00
Others (Pl. Specify):	
Others (Pl. Specify):	
Total Fee (Rs)	
Amount in words	

(Signature of Depositor)

TO BE FILLED BY BANK

Journal No. (Host Trace No.)	

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BANK'S COPY

State Bank of India

Indo-Swiss Training Centre
CSIR-Central Scientific Instruments Organisation
Sector 30-C, Chandigarh-160030

STATE BANK OF INDIA
SWF Account No. 10304630172

(To be filled by the candidate)

Name of Applicant:										
Mobile No.:										
Date of Deposit:	d	d	m	m	y	y	y	y		

Fees Heads : (Please fill applicable head)	Amount (Rs.)
Student Welfare Fund	2500-00
News Paper	150-00
Others (Pl. Specify):	
Others (Pl. Specify):	
Total Fee (Rs)	
Amount in words	

(Signature of Depositor)

TO BE FILLED BY BANK

Journal No. (Host Trace No.)	

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