

Bank's Copy	
<b>Bank Challan Form</b> Bank of Baroda, Mohaan Road, Lucknow	
Name of the A/C Credited :- Dr. Shakuntala Misra Rehabilitation University, Lucknow SB Account No.:- 36510100000003	
Session .....Sem.....	
Class: ..... Date :.....	
Enrolment No.....	
Category.....Disability.....	
Name .....	
Father's Name .....	
Fee Rs.....	
Fee Details	
1. Registration Fee	
2. Admission Fee	
3. Exam Fee	
4. Tution Fee	
5. Computer Fee	
6. Library Fee	
7. Caution Money	
8. Insurance Fee	
9. Hostel Fee	
10. SWF	
11. Late Fee	
12. Game Fee	
<b>Total</b>	
Amount in Words :.....	
Sig. of Reciever With bank Seal	
Signature of Checked by Depositor	

Office/Account's Copy	
<b>Bank Challan Form</b> Bank of Baroda, Mohaan Road, Lucknow	
Name of the A/C Credited :- Dr. Shakuntala Misra Rehabilitation University, Lucknow SB Account No.:- 36510100000003	
Session .....Sem.....	
Class: ..... Date :.....	
Enrolment No.....	
Category.....Disability.....	
Name .....	
Father's Name .....	
Fee Rs.....	
Fee Details	
1. Registration Fee	
2. Admission Fee	
3. Exam Fee	
4. Tution Fee	
5. Computer Fee	
6. Library Fee	
7. Caution Money	
8. Insurance Fee	
9. Hostel Fee	
10. SWF	
11. Late Fee	
12. Game Fee	
<b>Total</b>	
Amount in Words :.....	
Sig. of Reciever With bank Seal	
Signature of Checked by Depositor	

Department's Copy	
<b>Bank Challan Form</b> Bank of Baroda, Mohaan Road, Lucknow	
Name of the A/C Credited :- Dr. Shakuntala Misra Rehabilitation University, Lucknow SB Account No.:- 36510100000003	
Session .....Sem.....	
Class: ..... Date :.....	
Enrolment No.....	
Category.....Disability.....	
Name .....	
Father's Name .....	
Fee Rs.....	
Fee Details	
1. Registration Fee	
2. Admission Fee	
3. Exam Fee	
4. Tution Fee	
5. Computer Fee	
6. Library Fee	
7. Caution Money	
8. Insurance Fee	
9. Hostel Fee	
10. SWF	
11. Late Fee	
12. Game Fee	
<b>Total</b>	
Amount in Words :.....	
Sig. of Reciever With bank Seal	
Signature of Checked by Depositor	

Student's Copy	
<b>Bank Challan Form</b> Bank of Baroda, Mohaan Road, Lucknow	
Name of the A/C Credited :- Dr. Shakuntala Misra Rehabilitation University, Lucknow SB Account No.:- 36510100000003	
Session .....Sem.....	
Class: ..... Date :.....	
Enrolment No.....	
Category.....Disability.....	
Name .....	
Father's Name .....	
Fee Rs.....	
Fee Details	
1. Registration Fee	
2. Admission Fee	
3. Exam Fee	
4. Tution Fee	
5. Computer Fee	
6. Library Fee	
7. Caution Money	
8. Insurance Fee	
9. Hostel Fee	
10. SWF	
11. Late Fee	
12. Game Fee	
<b>Total</b>	
Amount in Words :.....	
Sig. of Reciever With bank Seal	
Signature of Checked by Depositor	