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|  Bank Copy Dated.............................. **PUNJAB NATIONAL BANK** Branch...........................Type of Account-Current AccountAccount NO. **7601002100000043**Account Holder’s Name- **ARAVALI SHIKSHA SAMITI****PAN No: AAAAA7620H**Received From(Candidate’s Name)...................................................Father’s Name............................................................Address......................................................................Mobile No...................................................................Payment Type (Please Tick)Fee( ) Donation( ) Membership( ) Regn./Roll No......................Amount(in figurers)

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In words(Rupees)............................................. ..............................................  Sign.of DepositorCashier Authorized officer |  Student Copy Dated.............................. **PUNJAB NATIONAL BANK** Branch...........................Type of Account-Current AccountAccount NO. **7601002100000043**Account Holder’s Name- **ARAVALI SHIKSHA SAMITI****PAN No: AAAAA7620H**Received From(Candidate’s Name)...................................................Father’s Name............................................................Address......................................................................Mobile No...................................................................Payment Type (Please Tick)Fee( ) Donation( ) Membership( ) Regn./Roll No......................Amount(in figurers)

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In words(Rupees)............................................. ..............................................  Sign.of DepositorCashier Authorized officer |  College Copy Dated.............................. **PUNJAB NATIONAL BANK** Branch...........................Type of Account-Current AccountAccount NO. **7601002100000043**Account Holder’s Name- **ARAVALI SHIKSHA SAMITI****PAN No: AAAAA7620H**Received From(Candidate’s Name)...................................................Father’s Name............................................................Address......................................................................Mobile No...................................................................Payment Type (Please Tick)Fee( ) Donation( ) Membership( ) Regn./Roll No......................Amount(in figurers)

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In words(Rupees)....................................... .......................................  Sign.of DepositorCashier Authorized officer  |