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| Bank Copy  Dated..............................  **PUNJAB NATIONAL BANK**  Branch...........................  Type of Account-Current Account  Account 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)   |  | | --- | |  |   In words(Rupees).............................................  ..............................................    Sign.of Depositor  Cashier Authorized officer | Student Copy  Dated..............................  **PUNJAB NATIONAL BANK**  Branch...........................  Type of Account-Current Account  Account 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)   |  | | --- | |  |   In words(Rupees).............................................  ..............................................    Sign.of Depositor  Cashier Authorized officer | College Copy  Dated..............................  **PUNJAB NATIONAL BANK**  Branch...........................  Type of Account-Current Account  Account 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)   |  | | --- | |  |   In words(Rupees).......................................  .......................................    Sign.of Depositor  Cashier Authorized officer |