

Applicant's copy

State Bank of India

Challan for remittance of Application/ Tender/ EMD/Security/Testing Fee Etc. to Indian Institute of Toxicology Research

IITR Account No.30267685340 at SBI, IITR,Lucknow

Name of Depositor.....  
 Address.....  
 .....  
 Purpose of deposition (compulsory) .....  
 .....  
 Amount deposited (In figure) .....  
 (In Words).....  
 .....

To be filled by Branch

Branch Name:

Branch Code:

Journal No:

Date of Deposit:

Bank Charges:

Signature of the Remitter

Signature of the authorized Bank Signatory

Branch should collect bank charges and Service Tax as applicable from the applicant and deposit the fee to IITR Account No.30267685340

Branch should write the Branch name, Branch code, Journal No. & Date of remittance invariably and hand over both the IITR's copy and applicant's copy to the remitter, duly signed.

CSIR-IITR copy

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Bank copy

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