NEIGRIHMS:: SHILLONG NEIGRIHMS:: SHILLONG NEIGRIHMS:: SHILLONG NEIGRIHMS' Copy Bank Copy Candidate's Copy **Bank of Baroda Bank of Baroda Bank of Baroda** Mawdiangdiang, Shillong Mawdiangdiang, Shillong Mawdiangdiang, Shillong A/c No: - 30270200000005 A/c No: - 30270200000005 A/c No: - 30270200000005 A/c Name: - NEIGRIHMS MBBS Account A/c Name: - NEIGRIHMS MBBS Account A/c Name: - NEIGRIHMS MBBS Account NEIGRIHMS copy to be attached with the Application Form / NEIGRIHMS copy to be attached with the Application Form / NEIGRIHMS copy to be attached with the Application Form / Bank Copy to be retained by the Bank / Candidates Copy to be Bank Copy to be retained by the Bank / Candidates Copy to be Bank Copy to be retained by the Bank / Candidates Copy to be retained by the candidate. retained by the candidate. retained by the candidate. Date: 1. Name (in capital letters): 2. Sl. No. of Application Form 2. Sl. No. of Application Form 2. Sl. No. of Application Form (if applicable): (if applicable): (if applicable): 3. Type of Fee / Amount: MBBS 2023-24/ ₹500 3. Type of Fee / Amount: MBBS 2023-24/ ₹500 3. Type of Fee / Amount: MBBS 2023-24/₹500 5. Amount (in figures): 500/-5. Amount (in figures): 500/-5. Amount (in figures): 500/-(Rupees five hundred Only) (Rupees five hundred Only) (Rupees five hundred Only) 6.Bank Branch in which fee deposited 6.Bank Branch in which fee deposited 6.Bank Branch in which fee deposited 7. Bank Transaction ID No. (For bank 7. Bank Transaction ID No. (For bank 7. Bank Transaction ID No. (For bank use use only) use only) only) **Bank Seal and Signature of Authorized** (Signature of the **Bank Seal and Signature of Authorized** (Signature of the **Bank Seal and Signature of Authorized** (Signature of the **Bank Officer receiving the Amount** Candidate) **Bank Officer receiving the Amount** Candidate) **Bank Officer receiving the Amount** Candidate)