



The amount is paid at _____ Bank /Treasury in _____ cash

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Treasury Code	Drawing Officer Code	Date	Challan No.								
0200	DR003										
Name of Payee		Address:									
Purpose of Payment: Registration/Affiliation/Examination/Admission/Preparation of Certificate/Marks Cards Fees and fees for Duplicate Certificate/Marks Cards etc., payable to Chairman, Board of Examining Authority, Bangalore.											
Details of Head of Account		The details are correct. Receive the amount									
0210-03-105-0-01 Chairman, Board of Examining Authority, Bangalore..											
Medical and Public Health	-0210	 Chairman, Board of Examining Authority, Bangalore.									
Medical Education, Training and Research	- 03										
Allopathy	- 105										
Medical Education (including Pharmacy)	- 0										
Chairman Board of Examining Authority, (Government College of Pharmacy)	- 01										
Details of Payment		Amount									
0	2	1	0	3	1	0	5	0	0	1	
Total amount											
Rupees in words _____ Rupees only											
Date _____											
Place: _____ Rupees only											
Received Rupees(in words) _____ Rupees only											
Treasurer				Accountant				Treasury/Bank Officer			

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