Students'/ Remitter's Copy	NISH's Copy (To be attached along with the relevant document)	Bank's Copy

Column 1 — Students'/ Remitter's Copy

🔵 SBI भारतीय स्टेट बैंक **State Bank of India** हर भारतीय का बैंक THE BANKER TO EVERY INDIAN

NISH
National Institute of Speech and Hearing

Pay in Slip/Cash /Transfer

Paid to the credit of National Institute of Speech and Hearing (NISH)
A/c No. **67224749979** at State Bank of India, Akkulam Branch, Thiruvananthapuram

		Deno.	Nos.	Amount
A	DISLI Application Fee (GEN: Rs. 150; SC/ST: 75)			
B	Bank Charges			
	Total			

Cheque No:…………………… Dated:…..….……

Rupees(in words)………………………………………………………

Particulars of the Candidate for whom the remittance is made
Name:………………………………………………………………………
Address:……………………………………………………………
……………………………………………………………………………
Phone/Mobile No:………………………………………………
Remitter's Signature:………………………………………………
Bank Txn Journal No:……………………………………………………

Date: Signature:…………………………………………

Column 2 — NISH's Copy

🔵 SBI भारतीय स्टेट बैंक **State Bank of India** हर भारतीय का बैंक THE BANKER TO EVERY INDIAN

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	Total			

Cheque No:…………………… Dated:…..….……

Rupees(in words)………………………………………………………

Particulars of the Candidate for whom the remittance is made
Name:………………………………………………………………………
Address:……………………………………………………………
……………………………………………………………………………
Phone/Mobile No:………………………………………………
Remitter's Signature:………………………………………………
Bank Txn Journal No:……………………………………………………

Date: Signature:…………………………………………

Column 3 — Bank's Copy

🔵 SBI भारतीय स्टेट बैंक **State Bank of India** हर भारतीय का बैंक THE BANKER TO EVERY INDIAN

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		Deno.	Nos.	Amount
A	DISLI Application Fee (GEN: Rs. 150; SC/ST: 75)			
B	Bank Charges			
	Total			

Cheque No:…………………… Dated:…..….……

Rupees(in words)………………………………………………………

Particulars of the Candidate for whom the remittance is made
Name:………………………………………………………………………
Address:……………………………………………………………
……………………………………………………………………………
Phone/Mobile No:………………………………………………
Remitter's Signature:………………………………………………
Bank Txn Journal No:……………………………………………………

Date: Signature:…………………………………………