







**UNIVERSITY COPY**

Branch Name \_\_\_\_\_

State Bank of India Branch Code \_\_\_\_\_








**VIKRAMA SIMHAPURI UNIVERSITY**  
KAKUTUR, NELLORE-524 320




**EXAMINATIONS FEE PAYMENT CHALLAN**

**COLLEGE COPY**

Branch Name \_\_\_\_\_

State Bank of India Branch Code \_\_\_\_\_








**VIKRAMA SIMHAPURI UNIVERSITY**  
KAKUTUR, NELLORE-524 320




**EXAMINATIONS FEE PAYMENT CHALLAN**

**BANK COPY**

Branch Name \_\_\_\_\_

State Bank of India Branch Code \_\_\_\_\_

**VIKRAMA SIMHAPURI UNIVERSITY**  
KAKUTUR, NELLORE-524 320

**EXAMINATIONS FEE PAYMENT CHALLAN**

Date: \_\_\_\_\_

A/c No. **39656909147**, Registrar,  
Vikrama Simhapuri University, Nellore,A.P.

Name of the College: \_\_\_\_\_

Fee Details:

Particulars	Amount (Rs.)
Examination Fee	
No. of Students	

**Signature**

Date: \_\_\_\_\_

A/c No. **39656909147**, Registrar,  
Vikrama Simhapuri University, Nellore,A.P.

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**Signature**

**[To be filled by Bank]**

Fee Details:

Challan. No.	Tran ID./Journal No.

1.Please enter TranID/Journal No. on all challans.  
2.Please enter App. No./Regd.Id and Name of the college in the menu while posting.

Seal
Authorized Signature

**[To be filled by Bank]**

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