

**Bank Copy**

For the **INSTITUTE OF COST ACCOUNTANTS OF INDIA** through all branches of  
Central Bank of India through **CBS MENU**

Date of Deposit	<input type="text" value="D"/> <input type="text" value="D"/>	/	<input type="text" value="M"/> <input type="text" value="M"/>	/	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Branch Name & Code					

Institute Name **THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**

Central Bank A/c No - <b>3303910302</b>	IFSC Code - <b>CBIN0280105</b>
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Course	Type of Coaching	Collection Code	Fees	Tick
Foundation	Postal	FNDP	4000/-	
Foundation	Oral	FNDO	4000/-	
Intermediate	Postal	INTP	20000/-	
Intermediate	Oral	INTO	20000/-	
Intermediate	Postal	INTP-INS	12000/-	
Intermediate	Oral	INTO-INS	12000/-	
Final	Postal	FNLP	17000/-	
Final	Oral	FNLO	17000/-	

### DETAILS OF THE STUDENT

[illegible]

### Cash Deposit

Denomination	Rs.
1000 X	
500 X	
100 X	
50 X	
20 X	
10 X	
5 X	
Coins X	
<b>Total</b>	

Cheque No. (CBI Only)

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Cheque Date

D

D

/

M

M

/

Y

Y

Y

Y

Amount (in words): Rs.

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Name of the Depositor \_\_\_\_\_

Signature \_\_\_\_\_

Address & Phone No. \_\_\_\_\_

For Bank use only

Journal No. 





Date : \_\_\_\_\_ Cashier / SWO / Officer \_\_\_\_\_

Log on to [www.centralbankofindia.co.in](http://www.centralbankofindia.co.in) for Branch Locators  
Only Central Bank of India Cheques will be accepted

## Student Copy

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Cheque No. (CBI Only)

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Cheque Date

/

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Amount (in words): Rs.

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Name of the Depositor \_\_\_\_\_

Signature \_\_\_\_\_

Address & Phone No. \_\_\_\_\_

For Bank use only

Journal No. 

Date : Cashier / SWO / Officer

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TO BE RETAINED CAREFULLY WITH THE STUDENT

**Institute Copy**

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### DETAILS OF THE STUDENT

[illegible]

Cash Deposit	
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Cheque No. (CBI Only)

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Cheque Date

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Signature \_\_\_\_\_

Address & Phone No. \_\_\_\_\_

For Bank use only

Journal No.	
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**Date :** \_\_\_\_\_ **Cashier / SWO / Officer** \_\_\_\_\_

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*Only Central Bank of India Cheques will be accepted*  
**TO BE ATTACHED ALONG WITH THE APPLICATION FORM**