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<i>Original - To be enclosed with Application</i>			
Kerala State Cooperative Service Examination Board			
Application Fee Chalan			
KERALA STATE COOPERATIVE BANK			
Branch : Thiruvanthapuram - Overbridge			
Pay through E-Collection			
SB	012012000000215		
Name of Candidate .....			
Mobile/Phone No.....			
Belongs to (put a tick mark)		SC/ST	OTHER
How many Banks/ Societies you preferred? .....			
Application Fee		Date	
Additional			
Bank Charge	10		
TOTAL			
Rupees .....			
Signature .....			
Branch in which payment is made			
Received Rs .....			
(Seal)			
Cashier	Authorised Officer		

<i>Duplicate - To be retained by Applicant</i>			
Kerala State Cooperative Service Examination Board			
Application Fee Chalan			
KERALA STATE COOPERATIVE BANK			
Branch : Thiruvanthapuram - Overbridge			
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Mobile/Phone No.....			
Belongs to (put a tick mark)		SC/ST	OTHER
How many Banks/ Societies you preferred? .....			
Application Fee		Date	
Additional			
Bank Charge	10		
TOTAL			
Rupees .....			
Signature .....			
Branch in which payment is made			
Received Rs .....			
(Seal)			
Cashier	Authorised Officer		

<i>Triplicate - Bank Copy</i>			
Kerala State Cooperative Service Examination Board			
Application Fee Chalan			
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TOTAL			
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Cashier	Authorised Officer		