
STATE MEDICAL FACULTY OF WEST BENGAL

14C BELIAGHATA MAIN ROAD , , KOLKATA-700085

Date: 25-Jun-2019

e-Receipt for State Bank Collect Payment

**SBCollect Reference Number**

DUB5357503

**Category**

Application Fees

**NAME**

IMTIAZ ALAM

**REGISTRATION NO**

117674

**DATE OF BIRTH**

15/10/1999

**FATHERS NAME**

RAFIKUL ALAM

**MOBILE NUMBER**

7872235069

**AMOUNT**

500

**Transaction charge**

0.00

**Total Amount (In Figures)**

500.00

**Total Amount (In Words)**

Rupees Five Hundred Only

**Remarks**

APPLICATION FEES

**Notification 1**

**Notification 2**