

JCCB BRANCH COPY		APPLICANTS COPY	
BANK CHALLAN FORM		BANK CHALLAN FORM	
THE JALPAIGURI CENTRAL CO-OPERATIVE BANK LTD.		THE JALPAIGURI CENTRAL CO-OPERATIVE BANK LTD.	
Branch where deposited.....		Branch where deposited.....	
Date (DD/MM/YYYY)...../...../.....		Date (DD/MM/YYYY)...../...../.....	
JCCB Advt. No.01/2021		JCCB Advt. No.01/2021	
Post Applied for:: Gr-IV (Sub-Staff)		Post Applied for:: Gr-IV (Sub-Staff)	
Applicants Name		Applicants Name	
Father's Name		Father's Name	
Date of Birth (DD/MM/YYYY)		Date of Birth (DD/MM/YYYY)	
Mobile No.		Mobile No.	
Category of Candidate (Please tick)	UR/OBC-A/OBC-B SC/UR-EC	Category of Candidate (Please tick)	UR/OBC-A/OBC-B SC/UR-EC
No. of CD Account credited	121000986846	No. of CD Account credited	121000986846
Total amount tendered (Rs.)		Total amount tendered (Rs.)	
(Rs.250/- for UR/OBC-A/OBC-B & Rs.200/- for SC/UR-EC categories)		(Rs.250/- for UR/OBC-A/OBC-B & Rs.200/- for SC/UR-EC categories)	
Total Amount (In Words).....		Total Amount (In Words).....	
Bank Branch Stamp	Candidate's Signature	Bank Branch Stamp	Candidate's Signature
	Received By		Received By
JCCB BRANCH COPY		APPLICANTS COPY	