

SCROLL NO.....
STATE BANK OF SIKKIM
 Branch

DEPOSIT SLIP FOR **CASH/CHEQUES**

Date : ___ / ___ / 20__

I request you to deposit the amount in the following revenue heads of Government A/c and issue me a receipt.

AMOUNT		BANK RECEIPT (BR)
MAJOR HEAD		
MINOR HEAD		
MINOR HEAD		
DEPARTMENT		
PURPOSE		
NAME OF DEPOSITOR		
ADDRESS OF DEPOSITOR		

Details of Cash Deposit	
Denomination	Amount
2000/- x	
1000/- x	
500/- x	
100/- x	
50/- x	
20/- x	
10/- x	
5/- x	
Coins	
Total	

Cheque Details	Cheque No.	Dated: ___ / ___ / 20__	Bank:	Amount:
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I understand that the amount once deposited cannot be refunded by the bank and deposit of cheque is subject to realization.

FOR BANK USE	BR NO.	
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Received & Entered by: _____ Passed by: _____ Printed by: _____ Delivered by: _____ Depositor's signature

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