




Learner's Copy		KSLMA Copy		Bank Copy	
<b>Higher Secondary Equivalency (20..... - 20.....)</b> <i>ഹയർ സെക്കണ്ടറി തുല്യതാ കോഴ്സ്</i>  STATE BANK OF INDIA		<b>Higher Secondary Equivalency (20..... - 20.....)</b> <i>ഹയർ സെക്കണ്ടറി തുല്യതാ കോഴ്സ്</i>  STATE BANK OF INDIA		<b>Higher Secondary Equivalency (20..... - 20.....)</b> <i>ഹയർ സെക്കണ്ടറി തുല്യതാ കോഴ്സ്</i>  STATE BANK OF INDIA	
Branch:		Branch:		Branch:	
Please credit the amount to the account of KERALA STATE LITERACY MISSION AUTHORITY <b>ACCOUNT No. 67308789179</b> with SBI Sasthamangalam (IFSC - SBIN0070023), Thiruvananthapuram		Please credit the amount to the account of KERALA STATE LITERACY MISSION AUTHORITY <b>ACCOUNT No. 67308789179</b> with SBI Sasthamangalam (IFSC - SBIN0070023), Thiruvananthapuram		Please credit the amount to the account of KERALA STATE LITERACY MISSION AUTHORITY <b>ACCOUNT No. 67308789179</b> with SBI Sasthamangalam (IFSC - SBIN0070023), Thiruvananthapuram	
Name of Learner:		Name of Learner:		Name of Learner:	
<b>Purpose of Remittance</b>	Amount Rs.	<b>Purpose of Remittance</b>	Amount Rs.	<b>Purpose of Remittance</b>	Amount Rs.
Admission Fee/Registration Fee/ Course Fee		Admission Fee/Registration Fee/ Course Fee		Admission Fee/Registration Fee/ Course Fee	
Bank Commission	20	Bank Commission	20	Bank Commission	20
<b>Total</b>		<b>Total</b>		<b>Total</b>	
Name and address of Learner:		Name and address of Learner:		Name and address of Learner:	
Phone/Mobile Phone No.		Phone/Mobile Phone No.		Phone/Mobile Phone No.	
Signature of Learner:		Signature of Learner:		Signature of Learner:	
<b>For Bank Use</b>		<b>For Bank Use</b>		<b>For Bank Use</b>	
Received Rs..... (Rupees.....)		Received Rs..... (Rupees.....)		Received Rs..... (Rupees.....)	
Journal No.		Journal No.		Journal No.	
Cashier	Manager	Cashier	Manager	Cashier	Manager