

## Consolidated Statement Showing Number of Candidates and Examination Fees Deposited

### Applicable for Late fee Deposits only

Name of the Institute: .....  
 Institute Code: Old ..... New ..... E-mail Id: ..... Mobile No. of Principal: 

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Scheme Name (Please Delete the fields which are not applicable)	Trade Name	Number of Students			Examination Fee			Total Fee deposited (AxB) Rs.	Deposit/Bank Details		
		Regular	Reappear	Total (A)	Without late fee	Late Fee @1000/- per student	Total (B)		Date of Deposit	Name of Bank	Mode of Deposit
NCVT					525/- (450+75)	1000/-	1525/-			RTGS	
NCVT Private (industries)					625/- (550+75)	1000/-	1625/-			Cash	
NCVT (SCVT to NCVT)					550/-	1000/-	1550/-			Demand Draft	
SCVT(Semester/ Conventional)					450/-	1000/-	1450/-			Any other mode	
COE					450/-	1000/-	1450/-			<b>Total Amount (C)</b>	
Apprenticeship					450/-	1000/-	1450/-				
Art & Craft					500/-	1000/-	1500/-				
Teacher Training					450/-	1000/-	1450/-				
<b>TOTAL Fee Deposited (C)</b>											
								Bank Transaction ID: .....			
								Enrollment No. (As per fee receipt generated from Board's website).....			

• Certified that the above mentioned data is compiled on the basis of details filled in Excel file, submitted by the institute to the Board.

• I undertake to submit the following documents/details:

- i) Scanned copy of Fee Receipt generated from the website of the Board.
- ii) Excel file duly filled in by the institute.
- iii) Scanned attested copy of the consolidated statement as above.
- iv) Reports (lists) of Exam Fee Status downloaded from MIS portal.

• The requisite information and documents, under 2 above, will be sent at e-mail id [contitpb@gmail.com](mailto:contitpb@gmail.com) with a copy on [reconciliation.fees@gmail.com](mailto:reconciliation.fees@gmail.com).

• That in case any irregularity is found/detected at any stage, the institute will solely be responsible for the consequences arising as a result of that irregularity.

**Date:**

**Signature of Principal/Head of Institute**

Full Name (Block Letters): .....

Seal of Office

## Consolidated Statement Showing Number of Candidates and Examination Fees Deposited

Name of the Institute: ..... E-mail Id: .....  
 Institute Code: Old..... New.....  
 Name of Examination: Center of Excellence (COE) Mobile No. of Principal:

Sr. No.	No. of Students		Total Fee deposited (AxB) Rs.	Deposit/Bank Details			Amount
	BBBT	Advance Module		Total	Date of Deposit	Name of Bank	
			Examination Fee @ Rs. 450/- per Student			RTGS	
						Cash	
						Demand Draft	
						Any other mode	
						<b>Total Amount Deposited</b>	
<b>TOTAL A</b>				<b>(B)</b>			

Bank Transaction ID: .....  
 Enrollment No. (As per fee receipt generated from Board's website).....

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- I undertake to submit the following documents/details:
  - i) Scanned copy of Fee Receipt generated from the website of the Board.
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- That in case any irregularity is found/detected at any stage, the institute will solely be responsible for the consequences arising as a result of that irregularity.

Date: .....  
 Signature of Principal/Head of Institute  
 Full Name (Block Letters): .....  
 Seal of Office