



TEACHERS' RECRUITMENT BOARD, TRIPURA (TRBT)
EDUCATION (SCHOOL) DEPARTMENT, GOVT. OF TRIPURA
SHIKSHA BHAVAN, OFFICE LANE, AGARTALA

APPLICATION FORMAT FOR REFUND OF EXAMINATION FEES: STGT-2019

NAME OF THE CANDIDATE (IN CAPITAL LETTERS)	
REGISTRATION NUMBER (AS PER ACKNOWLEDGEMENT PAGE STGT-2019)	
CATEGORY SC/ST/PH	
FATHER'S NAME	
ADDRESS	
PHONE NUMBER	
E-MAIL	
NAME OF THE BANK (IN CAPITAL LETTERS)	
NAME OF THE BRANCH (IN CAPITAL LETTERS)	
NAME OF ACCOUNT HOLDER (IN CAPITAL LETTERS)	
BANK ACCOUNT NUMBER (S/B ACCOUNT ONLY)	
IFS CODE	

Please transfer the application fee of STGT-2019 in the above account.

Full signature of the candidate with date

Please enclose Copy Acknowledgement Page and Copy of Bank Challan.



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APPLICATION FORMAT FOR REFUND OF EXAMINATION FEES: STPGT-2019

NAME OF THE CANDIDATE (IN CAPITAL LETTERS)	
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