

CHALLAN

WEST BENGAL POLLUTION CONTROL BOARD

“Paribesh Bhavan”, 10A, LA Block
Sector-III, Salt Lake, Kolkata-98

(1st Copy)
(To be retained at the
Receiving Branch)

PAY-IN-SLIP

UNITED BANK OF INDIA

Branch Date

.....
(Name & Address of the Company / Unit)
.....
.....

Category Red/Orange/Green (Please ✓ tick)

Please Credit :

WEST BENGAL POLLUTION CONTROL BOARD

Particular of Fees	Code	Amount
Consent to Establish (NOC)	R4D	Rs.....
Consent to Operate	R4C	Rs.....
Analysis Charges (Air/Water)	R4M	Rs.....
Haz. Waste Authorisation	R4N	Rs.....
Bio-Med. Waste Authorisation	R4O	Rs.....
Import Clearence	R4P	Rs.....
Laboratory Recognition/ Registration/renewal	R4q	Rs.....
Other (Please Specify)	R4H	Rs.....
TOTAL		Rs.

Depositor’s Name & Signature

Particulars of Cash/Cheque/Draft

Rupees (in words)

Signature of Receiving Cashier

CHALLAN

WEST BENGAL POLLUTION CONTROL BOARD

“Paribesh Bhavan”, 10A, LA Block
Sector-III, Salt Lake, Kolkata-98

(2nd Copy)
(To be sent by the bank to the
W.B.P.C.B. through link Branch)

PAY-IN-SLIP

UNITED BANK OF INDIA

Branch Date

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(Name & Address of the Company / Unit)
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Category Red/Orange/Green (Please ✓ tick)

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Other (Please Specify)	R4H	Rs.....
TOTAL		Rs.

Depositor’s Name & Signature

Particulars of Cash/Cheque/Draft

Rupees (in words)

Signature of Receiving Cashier

Challan passed

(Name & Signature of the Officer with seal)

CHALLAN

WEST BENGAL POLLUTION CONTROL BOARD

“Paribesh Bhavan”, 10A, LA Block
Sector-III, Salt Lake, Kolkata-98

(3rd Copy)

(To be sent by the Company / Unit
alongwith the application)

PAY-IN-SLIP

UNITED BANK OF INDIA

Branch Date

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(Name & Address of the Company / Unit)
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Category Red/Orange/Green (Please ✓ tick)

Please Credit :

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TOTAL		Rs.

Depositor's Name & Signature

Particulars of Cash/Cheque/Draft

Rupees (in words)

Signature of Receiving Cashier

CHALLAN

WEST BENGAL POLLUTION CONTROL BOARD

“Paribesh Bhavan”, 10A, LA Block
Sector-III, Salt Lake, Kolkata-98

(4th Copy)

(To be retained by the Company / Unit)

PAY-IN-SLIP

UNITED BANK OF INDIA

Branch Date

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(Name & Address of the Company / Unit)
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Other (Please Specify)	R4H	Rs.....
TOTAL		Rs.

Depositor's Name & Signature

Particulars of Cash/Cheque/Draft

Rupees (in words)

Signature of Receiving Cashier