



SECRETARY DCEB HYDERABAD

DCEB HYDERABAD, , HYDERABAD-500001

Provide details of payment

Category *	EXAMINATION FEE ▼
U-DISE CODE *	<input type="text"/>
NAME OF THE SCHOOL	<input type="text"/>
MANAGEMENT *	--Select MANAGEMENT-- ▼
MANDAL	<input type="text"/>
CONTACT NUMBER *	<input type="text"/>
EMAIL ID	<input type="text"/>
SCHOOL ADDRESS	<input type="text"/>
CATEGORY OF SCHOOL *	--Select CATEGORY OF SCHOOL-- ▼
PTO/ETR Proc.No and Date	<input type="text"/>
PTO/ETR validity (years from-to)	<input type="text"/>
CLASS-VI STRENGTH	<input type="text"/>
CLASS-VII STRENGTH	<input type="text"/>
CLASS-VIII STRENGTH	<input type="text"/>
CLASS-IX STRENGTH	<input type="text"/>
CLASS-X STRENGTH	<input type="text"/>
DCEB CODE	<input type="text"/>
NAME OF THE DISTRIBUTION POINT	<input type="text"/>
REMARKS	<input type="text"/>
VI CLASS FEE (Total Amount)	<input type="text"/>
VII CLASS FEE (Total Amount)	<input type="text"/>
VIII CLASS FEE (Total Amount)	<input type="text"/>
IX CLASS FEE (Total Amount)	<input type="text"/>
X CLASS FEE (Total Amount)	<input type="text"/>

• Submit Figure Statement before 10-08-2018 along with necessary documents attested by the Dy.EO / Dy.IOS.
(1)Figure Statement (2)SB COLLECT CHALLAN (3)PTO/ETR Copy.

• Aided Schools having Un-Aided Sections should submit separate figure statement for Aided Sections & Un-Aided Sections

Remarks