



(Bank Copy)

Branch : SSI Finance JPR Date _____

Bank A/c No.: **510601010034135**

IFSC – **UBIN0551066**

College Name: **Regional College of Pharmacy**

Student's Name _____

Father's Name _____

Course Name _____ Year _____

Session 20____20____

1. Form Fees	_____
2. Tuition Fees	_____
3. Caution Money	_____
4. Examination Fees	_____
5. Hostel Fees	_____
6. Other	_____
Total Amount	_____

Total Amount in Words: Rs.....

Signature of Depositor:

Aadhar/PAN No. _____

Mode of Payment: CASH/DD

Note: Parents paying fees by draft must fill in the Name/Roll no./Course name on the reverse of the draft



(College Copy)

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(Back Side Details)
Demand Draft Deposits

Draft No.: _____ Date: _____

Bank & Branch: _____

Cash Deposits

Amount in Words: _____

Notes	Rs.	P.
2000 X _____		
500 X _____		
100 X _____		
50 X _____		
20 X _____		
10 X _____		
5 X _____		
Coins _____		
Total		

PAN No.:AAATD7273N

Depositor's Contact No. _____

(Back Side Details)
Demand Draft Deposits

Draft No.: _____ Date: _____

Bank & Branch: _____

Cash Deposits

Amount in Words: _____

Notes	Rs.	P.
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