

PAY-IN-SLIP STUDENT

PHEK GOVERNMENT COLLEGE, PHEK DATE:...../...../20.....

For the credit of NSTCB Account Number

SB Ac/No. 101510006010504

Name _____

Semester: 1st 2nd 3rd 4th 5th 6th

Contact No. _____

DETAILS		₹	P.
Admission Fee			
Extra charge/Fine			
Total			

₹ (in words) _____

For office use
cash officer sign _____ Sign. of Depositor

PAY-IN-SLIP COLLEGE

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cash officer sign _____ Sign. of Depositor

PAY-IN-SLIP BANK

PHEK GOVERNMENT COLLEGE, PHEK DATE:...../...../20.....

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