

**Branch Copy**

Contact No. _____ Date: / / 20

Name of the Student*: _____

Enrollment / Ref. Number*: _____

Branch/Course Name *: _____

For cash

A/c. Name: C.U.SHAH MEDICAL COLLEGE

A/c. No.

2	2	0	1	0	4	0	0	0	0	0	9	3	1	7
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For Cheque -CMS Code : CUSHAHMED

Tuition fees : _____

Caution Deposit : _____

Misc fees : _____

TOTAL - 1 : _____**TOTAL FEES AMOUNT** _____

DD/Chq./Cash _____

DD/Chq. No. _____

Drawee Bank: _____

Drawee Branch: _____

Signature of the Depositor Bank Official's Signature

** Please pay by only CTS 2010 cheques/ dd

**Institute Copy**

Contact No. _____ Date: / / 20

Name of the Student*: _____

Enrollment / Ref. Number*: _____

Branch/Course Name *: _____

For cash

A/c. Name: C.U.SHAH MEDICAL COLLEGE

A/c. No.

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