

TAKE A PRINT OF THIS DEPOSIT SLIP AND SUBMIT IT TO ANY BRANCH OF HDFC BANK LTD.

HDFC Bank Copy		GCS Copy		Student Copy	
GCS Medical College		GCS Medical College		GCS Medical College	
CMS Client Code : MCZGCCLL7		CMS Client Code : MCZGCCLL7		CMS Client Code : MCZGCCLL7	
Date : ___/___/___		Date : ___/___/___		Date : ___/___/___	
<u>Course Name:</u>		<u>Course Name:</u>		<u>Course Name:</u>	
Roll No :		Roll No :		Roll No :	
Student Name:		Student Name:		Student Name:	
Semester :		Semester :		Semester :	
Contact No.:		Contact No.:		Contact No.:	
Cheque No.:		Cheque No.:		Cheque No.:	
Bank Name :		Bank Name :		Bank Name :	
Total	Rs.	Total	Rs.	Total	Rs.
Rupees (In Words)		Rupees (In Words)		Rupees (In Words)	
Sign of Depositor	Entried	Verified	Sign of Depositor	Entried	Verified
Sign of Depositor	Entried	Verified	Sign of Depositor	Entried	Verified
Sign of Depositor	Entried	Verified	Sign of Depositor	Entried	Verified