GCS Medical College, Hospital & Research Centre
Opp. D.R.M. Office, Nr. Chamunda Bridge, Naroda Road, Ahmedabad-380025.

Pay In Slip
(To Be Routed through Axis Bank Easy Pay)

Date. : _______

Roll No. : ________________ Course : ________________ Subject : ________________
Student Name : __________________________
Batch : __________________________ Quota of Student : __________________________

Fee Details : □ Tuition □ Hostel □ Hostel Deposit
□ Others

Year & Term of Fees : __________________________
Mode of Payment : □ Cash □ Cheque □ DD
Cheque Or DD No. ___________ Bank Name & Branch : __________________________
Remarks : __________________________
Sum of Rs. : __________________________

Rs. ___________ Signature of the Depositor

(Student Copy)

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(Bank Copy)