



SMC
Branch Copy

For Hostel and Mess fees
Branch location _____

Date: / / 201

A/c. Name: Saurashtra Medical Centre

A/c. No.

0	2	0	1	0	4	0	0	0	0	9	6	7	4	2
2														

Student Name*: _____

Enrollment Number*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name /Sem*: _____ / _____

Hostel Deposit : _____

Hostel fees*: _____

Mess fees*: _____

Total: _____

DD/Chq./Cash _____

DD/Chq. No. _____

Drawee Bank: _____

Drawee Branch: _____

Signature of the Depositor

Bank Official's Signature

N.B.

1) Cheque should be PAP / Multi-City.

2) DD / PO Should be Payable at Deposited location.

Usage governed by Term & Condition of the Bank

* Mandatory Contact no : _____



SMC
Institute Copy

For Hostel and Mess fees
Branch location _____

Date: / / 201

A/c. Name: Saurashtra Medical Centre

A/c. No.

0	2	0	1	0	4	0	0	0	0	9	6	7	4	2
2														

Student Name*: _____

Enrollment Number*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name /Sem*: _____ / _____

Hostel Deposit : _____

Hostel fees*: _____

Mess fees*: _____

Total: _____

DD/Chq./Cash _____

DD/Chq. No. _____

Drawee Bank: _____

Drawee Branch: _____

Signature of the Depositor

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Student Name*: _____

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