



Pharmacy
Student Copy

Deposit Location _____

Date: / / 2011

A/c. Name: C.U.SHAH COLLEGE OF PHARMACY
& RESEARCH- SURENDRANAGAR

A/c. No.

2	2	0	1	0	4	0	0	0	0	4	5	9	5	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Student Name*: _____

Enrollment Number*:

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

Branch Name /Sem*: _____ / _____

Admission Year*: _____

Amount in figure*: _____

Amount in Words: _____

DD/Chq./Cash _____

DD/Chq. No. _____

Drawee Bank: _____

Drawee Branch: _____

Signature of the Depositor Bank Official's Signature

N.B.

- 1) Fees should be paid in any Branch of IDBI Bank in Gujarat.
- 2) Cheque should be PAP / Multi-City.
- 3) DD / PO Should be Payable at Deposited location.

Usage governed by Term & Condition of the Bank

* Mandatory **Contact no** : _____



Pharmacy
Institute Copy

Deposit Location _____

Date: / / 2011

A/c. Name: C.U.SHAH COLLEGE OF PHARMACY
& RESEARCH- SURENDRANAGAR

A/c. No.

2	2	0	1	0	4	0	0	0	0	4	5	9	5	1
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Enrollment Number*:

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DD/Chq. No. _____

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Pharmacy
Branch Copy

Deposit Location _____

Date: / / 2011

A/c. Name: C.U.SHAH COLLEGE OF PHARMACY
& RESEARCH- SURENDRANAGAR

A/c. No.

2	2	0	1	0	4	0	0	0	0	4	5	9	5	1
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Enrollment Number*:

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