



**ASSUMPTION COLLEGE**  
**AUTONOMOUS**  
**CHANGANACHERRY**

**STUDENT COPY**

**Pay-In- Slip No :**

Name of the Candidate (In capital Letters)	:	
Permanent Register Number	:	
Name of the Programme	:	
Year/ Semester, Month and Year of Examination	:	
Address to which communications are to be sent (In capital Letters)	:	
Amount of fees to be remitted	:	
Date of remittance	:	
Purpose of remittance	:	

**Signature of the Candidate**

**CERTIFICATE**

Certified that an amount of Rs.....(.....  
 .....)  
 is received from the above candidate.

**For Controller of Examinations**



**ASSUMPTION COLLEGE**  
**AUTONOMOUS**  
**CHANGANACHERRY**

**OFFICE COPY**

**Pay-In- Slip No :**

Name of the Candidate (In capital Letters)	:	
Permanent Register Number	:	
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