

## **ASSUMPTION COLLEGE AUTONOMOUS**

Pay-In-Slip No: CHANGANACHERRY Counter Copy Date:

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

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For Controller of Examinations



## ASSUMPTION COLLEGE CHANGANACHERRY **AUTONOMOUS**

Student Copy

Pay-In-Slip No:

| Vame of the Candidate In capital Letters) Permanent Register       |    |        |       |
|--|----|--------|-------|
| Vame of the<br>Programme   |    |        |       |
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| Address to which ommunications are to be sent (In capital Letters) | •• |        | # # = |
| Amount of fees to be emitted                                       | •• |        |       |
| Date of remittance   |    |        |       |
| urpose of remittance   |    | 120    |       |

CERTIFICATE Signature of the Candidate

For Controller of Examinations



## ASSUMPTION COLLEGE CHANGANACHERRY **AUTONOMOUS**

Office Copy

Pay-In-Slip No:

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

CERTIFICATE

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

For Controller of Examinations