ASSUMPTION COLLEGE
AUTONOMOUS
CHANGANACHERRY

Counter Copy

Pay-In- Slip No :   Date :

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 towards...................

For Controller of Examinations

ASSUMPTION COLLEGE
AUTONOMOUS
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Student Copy

Pay-In- Slip No :   Date :

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 recieved from the above candidate towards...................

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ASSUMPTION COLLEGE
AUTONOMOUS
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Pay-In- Slip No :   Date :

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

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