

**SCHOOL OF PHARMACY- R K UNIVERSITY**

Usage governed by terms and conditions of the bank

Account Name : SCHOOL OF PHARMACY - R K UNIVERSITY		Date :	
Account No. : 9511637675	BANK COPY		Receipt No :
Name of The Student :		AMOUNT ()₹	CASH DENOMINATION (₹)
Std. & Division :	Age Roll No. :		₹ 1000 x
Term : <input type="checkbox"/> 1 <input type="checkbox"/> 2			₹ 500 x
Mode Of Payment : <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			₹ 100 x
Cheque Number :			₹ 50 x
Cheque Date :			₹ 20 x
Drawn On :			₹ 10 x
Amount in Words :			
Mobile No. :			TOTAL (₹)
Name & Sign Of Depositor :		Service Executive :	

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Account Name : SCHOOL OF PHARMACY - R K UNIVERSITY		Date :	
Account No. : 9511637675	STUDENT COPY		Receipt No :
Name of The Student :		AMOUNT ()₹	CASH DENOMINATION (₹)
Std. & Division :	Age Roll No. :		₹ 1000 x
Term : <input type="checkbox"/> 1 <input type="checkbox"/> 2			₹ 500 x
Mode Of Payment : <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			₹ 100 x
Cheque Number :			₹ 50 x
Cheque Date :			₹ 20 x
Drawn On :			₹ 10 x
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Mobile No. :			TOTAL (₹)
Name & Sign Of Depositor :		Service Executive :	

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Account Name : SCHOOL OF PHARMACY - R K UNIVERSITY		Date :	
Account No. : 9511637675	SCHOOL COPY		Receipt No :
Name of The Student :		AMOUNT ()₹	CASH DENOMINATION (₹)
Std. & Division :	Age Roll No. :		₹ 1000 x
Term : <input type="checkbox"/> 1 <input type="checkbox"/> 2			₹ 500 x
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Name & Sign Of Depositor :		Service Executive :	