

King George Medical College

Lucknow

PAY-IN-SLIP No. Date: 2009

1st
Copy

Axis Bank
Branch Name: _____

CASH

PAY-IN-SLIP

(To be retained by Axis Bank Collecting Branch)

Please credit A/c No. **053010200024772**

In case of queries, contact at +91 or
..... at +91

Name of the Candidate	<input type="text"/>
Category (GENERAL or SC/ST)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Phone No.	<input type="text"/>

Cost Paid Rs.
Bank Charges Rs. 40 (including service tax)
Total Rs.

Total in words- Rupees

Depositor's Signature & phone no. _____

Received the above amount on2009

Finacle Transaction reference No. _____
(To be filled by cashier and used by candidate as Bank challan no.)

Cashier _____ Cashier's Scroll No. _____

King George Medical College

Lucknow

PAY-IN-SLIP No. 2009

2nd
Copy

Axis Bank
Branch Name: _____

CASH

PAY-IN-SLIP

(To be retained by Candidate)

Please credit A/c No. **053010200024772**

In case of queries, contact at +91 or
..... at +91

Name of the Candidate	<input type="text"/>
Category (GENERAL or SC/ST)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Phone No.	<input type="text"/>

Cost Paid Rs.
Bank Charges Rs. 40 (including service tax)
Total Rs.

Total in words- Rupees

Depositor's Signature & phone no. _____

Received the above amount on2009

Finacle Transaction reference No. _____
(To be filled by cashier and used by candidate as ~~Bank challan no.~~)

Cashier _____ Cashier's Scroll No. _____

*While filling up online form, mention the TRAN ID in place of Bank Challan No.