

Bank Copy

RYK MEDICAL COLLEGE

Aflah Bank :07151008384007

Bank Challan No. _____ (Filled by Bank)

Issue Date: _____ Due Date: _____

Name: _____

Session: 2022-2023

For Registration Fee (Non Refundable)

Registration Fee	2000

Total 2000

In words: Two thousand only (Non Refundable)

Bank Signature,
Stamp: _____

Office Copy

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Stamp: _____

Department Copy

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Student Copy

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Stamp: _____