STUDENT(S) COPY

Fee Payment Challan St. Joseph's College



P.O.Box 27094. 36, Lalbagh Road, Bengaluru -560027 Karnataka Phone: 22211429, 22274079 website:-

http://www.sjc.ac.in | E-mail : sjcblrfo@gmail.com

Student(s) Name:

Register Number:

Academic Year:

Bank Name: SOUTH INDIAN BANK Account No: 0964053000000833 IFSC Code: SIBL0000964	•
FEE DETAILS	
Date of Payment :	
Alumni Fees :	Rs. 500
NOTE: Fees to be paid in Sout SJC Campus.	h Indian Bank,
	h Indian Bank,
SJC Campus.	
TO BE FILLED BY BANK:	_
TO BE FILLED BY BANK: Branch Name:	
TO BE FILLED BY BANK: Branch Name: Branch Code:	

OFFICE COPY

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Date of Payment :	
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NOTE: Fees to be paid in South Indian Bank, SJC Campus.

TO BE FILLED BY BANK:	
Branch Name :	_
Branch Code :	=
Transaction Ref No. :	<u></u>
Deposit Date :	<u> </u>
Branch Receipt Stamp	Authorised Signatory

BANK COPY

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