

STUDENT COPY



GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCES

DATE:					2	0		
Student ID:								
Admission Year:								
Semester:								
Student Name:								
Contact No.:								



**PAY IN SLIP:
Please credit**

**Gujarat Adani Institute of Medical Sciences
Client Code: GAIMS**

Particulars	Rs.
Tuition Fee	
Hostel Fee	
Canteen Fee	
Other Fee	
Total	

Rupees (In words) _____

Cheque no.: _____ DD no.: _____

Date : _____ Drawn Bank: _____

_____ Branch: _____

:To be filled by bank:

Cheque/DD of other banks collected through normal clearing. | No cash would be accepted at any branch. Pls mention name of student & year of admission in particulars during clearing transaction.

Name of Branch : _____

Bank Transaction Id : _____

Bank Stamp:

Note: Kindly enter Name, year of admission and semester of the student on reverse side of the cheque / DD.Fill this receipt carefully.

For any Query Contact:

Mr. Keval Dabhi (M) +91-8980038636 / 56 (FINANCE DEPT.)
Mr. Arunkumar Gupta (M). +91-9099900273 (ACADEMICS DEPT.)
Mr. Jignay Antani/Gaurang Fufaliya (O)+91-02832-224777 (Yes Bank)

INSTITUTE COPY



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BANK COPY



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