

**STUDENT COPY**



**GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCES**

DATE:					2	0	1	7
Student ID:								
Admission Year:								
Semester:								
Student:								
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	
<b>Total</b>	

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**



**GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCES**

DATE:					2	0	1	7
Student ID:								
Admission Year:								
Semester:								
Student:								
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	
<b>Total</b>	

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)

**BANK COPY**



**GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCES**

DATE:					2	0	1	7
Student ID:								
Admission Year:								
Semester:								
Student:								
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	
<b>Total</b>	

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)