



(BANK COPY)

BANK CHALLAN

REF. No. _____ HBL S.No. _____

Date _____ HBL Date _____



Government College University Hyderabad.

Please pay the following amount to GC University

A/C No.10437901008603

Name _____

S/D of _____

CNIC No. _____

Category Admission Processing Fee

DETAIL	AMOUNT
Admission Processing Fee	2000/-
TOTAL	2000/-

Depositor's Name _____

Depositor CNIC _____

Manager _____ Cashier _____

Non Refundable

(ACCOUNTS COPY)

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TOTAL	2000/-

Depositor's Name _____

Depositor CNIC _____

Manager _____ Cashier _____

Non Refundable

(CONCERNED OFFICE COPY)

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TOTAL	2000/-

Depositor's Name _____

Depositor CNIC _____

Manager _____ Cashier _____

Non Refundable

(DEPOSITOR'S COPY)

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