

PROFORMA FOR REMITTANCE OF STUDENTS FEE
(MD/MS COURSES)

NAME AND ADDRESS OF THE COLLEGE: S J GAVISIDDHESHWAR AYURVEDIC MEDICAL COLLEGE, PG STUDIES
& RESEARCH CENTER, GAVIMATH CAMPUS, KOPPAL - 583231

Telephone: 08539-222517

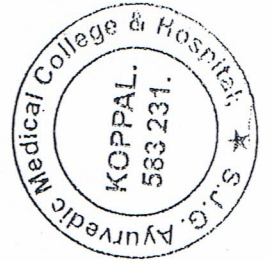
Fax No. 08539-222517

Name of the Course:- M.D/MS AYU


Academic Year:- 2016-2017

Total no. of students admitted :- 41

SL NO.	Students fee category (payable to the university)	no. of studentns admitted to first year of the course	prescribed fee per student per year (See respective annexure)	Total No. of years of the course	Total Amount for all years (1st to Final year)	DD No. Date And Bank (obtain separate DD for each category of fee)
1	Registration fees	41	2,000.00	1	82,000.00	Challen No
2	Admission fees	41	300.00	1	12,300.00	HSBI4853279381, HSB14872505653,
3	Sports fees	41	200.00	3	24,600.00	HSBI4969921639, HSB14964344014,
4	Students Welfare fund fees	41	100.00	3	12,300.00	HSBU4973111577, HSB14932139227, HSB14872711549 & HSB14973115765
5	PG Additional Examination Fee	41	2,000.00	1	82,000.00	25/10/2016, 03/11/2016, 14/12/2016, 12/12/2016,
6	HELINET FEE	41	1,800.00	1	73,800.00	15/12/2016, 29/11/2016, 03/11/2016, 15/12/2016
	TOTAL		6,400.00		287,000.00	State Bank of Mysore.koppal



DATE:22.12.2016


 Signature of the Principal with seal
PRINCIPAL
 Sri Jagadguru Gavisiddeshwara
 Ayurvedic Medical College,
 Gavimath Koppal