

**PROFORMA FOR REMITTANCE OF STUDENTS FEE**  
(BAMS, BUMS AND BNYS COURSES)

ADDRESS OF THE COLLEGE: S J GAVISIDDHESHWAR AYURVEDIC MEDICAL COLLEGE  
& HOSPITAL, GAVIMATH CAMPUS, KOPPAL - 583231

Phone: 08539-222517

Fax No. 08539-222517

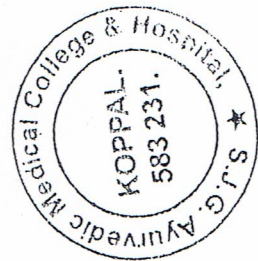
Name of the Course:- BAMS

Academic Year:- 2016-2017

Total no. of students admitted :- 60

SL NO.	Students fee category (payable to the university)	no. of students 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	60	2,000.00	1	120,000.00	Challen No GSBI4789363829
2	Admission fees	60	300.00	1	18,000.00	HSBI4872692459
3	Sports fees	60	200.00	4	48,000.00	Dt:29.09.2016 /03.11.2016
4	Students Welfare fund fees	60	100.00	4	24,000.00	State Bank of Mysore.koppal
5	HELNETT fees	60	300.00	4	72,000.00	
	<b>TOTAL</b>		<b>2,900.00</b>		<b>282,000.00</b>	

DATE:22.12.2016



Signature of the Principal with seal

**PRINCIPAL**

Sri Jagadguru Gavisiddheshwara  
Ayurvedic Medical College,  
Gavimath Koppal

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