**PAYING IN VOUCHER**

****

**UNIVERSITY OF JAFFNA – SRI LANKA**

**THIRUNELVELY JAFFNA**

Please pay at any Branch of the People’s Bank

People’s Bank …………….…….

Bank Manager

Please credit to Account No. **162 100 160 000 880** of the University of Jaffna, Sri Lanka, at the **University Branch** of the **Peoples’ Bank.**

**Name of Payer**……………..…………………………………………..

G.C.E A/L Index no ………………...…………………………………

Course of Study………………………………………….……………..

Payer’s Address……………………………….………………………..

………………………………………………..…………………………

…………………………….…………………….………………………

Reason for Payment: New Admission 2018 / 2019

**Details of Fees Payable**

 Rs

1. Registration Fee 250.00
2. Medical Fee 250.00
3. Library Fee 500.00
4. Laboratory Deposit 500.00
5. Handbook Fee 250.00
6. Student Charter Fee 100.00
7. Student IC 250.00
8. Orientation Fee 250.00

**Total Amount Payable 2350.00**

……...…………………

Date **Depositors Signature**

Received the above mentioned amount to be credited to the Account No. **162 100 160 000 880** of the University of Jaffna, Sri Lanka, at the **University Branch** of the **Peoples’ Bank**

 …………………………………………………………….

 Signature of the Manager/Authorized Officer and Bank Seal

**PAYING IN VOUCHER**

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