

Form No. MC-

SI No.

## CHALLAN

**JHARGRAM GOVT. MEDICAL COLLEGE &  
HOSPITAL (Year: 2023-2024)**

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_ Class: MBBS 1<sup>st</sup> Yr

SI No.	Payment made for	Rs.	P.
01.	Admission Fee	<b>1000</b>	
02.	Tuition Fee	<b>6000</b>	
03.	Caution Money	<b>1000</b>	
04.	Student Union Fee		
05.	Aid Fund		
06.	Seat Rent		
07.	Fine		
08.	Lab. Caution		
09.	Library Deposit		
10.	Magazine Fee		
11.	Fee Book		
12.	Others		
<b>Total</b>		<b>8000</b>	

Signature of \_\_\_\_\_

Tenderer \_\_\_\_\_

Date of Deposit \_\_\_\_\_

Received Rs 8000 (Eight Thousand Only)

SI/Page No. of Scroll Register \_\_\_\_\_

Accounts Officer

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