

Student's copy

UNIVERSITY COLLEGE OF JAFFNA, SRI LANKA

PAYING IN VOUCHER

- 1. Account to be credited: **162-100100045947**
- 2. Name of Payee:
- 3. Payee's Address:
.....
.....
- 4. Reason for Payment: Application form fee Rs.500.00
- 5. Date:

.....
Signature

For the use of the Bank

Received the above amount

Date:

.....
Banker's Signature

University College's copy

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