

Student's Copy

Kohima Science College, Jotsoma

AC Name: **Controller of Examinations,
Kohima Science College**

AC No.: **34354225963**

Bank: **SBI, SC COLLEGE Branch**

Name: _____

BA/BSc/MSc _____ Semester Roll No _____

SI No	Payment for	Amount
1		
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Rupees _____

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Date: _____

Signature of depositor

College's Copy

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