



SURENDRANATH EVENING COLLEGE
24/2 M.G ROAD, KOLKATA-700009

PAY SLIP* *NO.
BANK COPY

Received from

(Name of the Student)

.....

Rs. (

Only) as Admission

Fees in

..... (Course/ Subject)

of **SEMESTER-1** for the Session **2024-2025** under CCF
system.

*Please deposit the amount in the SURENDRANATH EVENING
 COLLEGE*
ACCOUNT (A/C NUMBER 1401002100012611)

DATE- .09.2024

Signature with Seal of Authorized Person



SURENDRANATH EVENING COLLEGE
24/2 M.G ROAD, KOLKATA-700009

PAY SLIP* *NO.
STUDENT COPY

Received from

(Name of the Student)

.....

Rs. (

Only) as Admission

Fees in

..... (Course/ Subject)

of **SEMESTER-1** for the Session **2024-2025** under CCF
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