Mahatma Gandhi University

DEPARTMENT OF STUDENT SERVICES

D.C.B. STATEMENT OF REMITTANCE OF UNIVERSITY UNION FEE / STUDENT WELFARE FUND FEE / STUDENTS SAFETY INSURANCE PREMIUM FOR THE YEAR 20...- 20.... (To be submitted to the Director of Student Services along with copy of counter-foil of SBT Pay-in-Slip remittance)

Name of College:

Number of students paid Fees directly at the University (CAP Online Admission):

| ltem | Fees Due to University | | | Amount of Remittance | | | Outstanding Balance Due to University, if any | | | Remarks |
|--|--|---------------------|--------------------------|---|---------------------|-----------------------|--|--------------|--------------------------|-----------------------------------|
| | Arrear amount of Previous Years (specify year) | For Current year | Total (Column 2+3) | Arrear amount of Previous Years (specify year) | For Current year | Total (Column 5+6) | Arrear of Previous Years | Current year | Total (Column 8+9) | (Details of remittance etc) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| UUF Rs.50* per student | | | | | | | | | | |
| SWF Rs.30* per student | | | | | | | | | | |
| SSIP Rs. 23 per Student | | | | | | | | | | |

* Revised with effect from 2014-15 academic year onwards as per U.O.No.2566/Al/2014/Acad dated 23.05.2014

PLACE: DATE:

(College Seal)