





<b>Student/Applicant copy</b>																			
 <p><b>DA-IICT</b> Near Indroda circle, Near GH-0, Gandhinagar- 382007,Gujarat, India Tel : +91 79 30520000</p>																			
<p>The PAN NO. of the Education Institution : AAAJT1203A</p>																			
<p>Name of branch: _____</p>																			
<p>Date of Deposit: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> D D M M Y Y</p>																			
<p>(to be treated by student as fee receipt)</p>																			
<p>Account to be credited <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">S</td><td style="width: 20px; height: 20px;">L</td><td style="width: 20px; height: 20px;">F</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">O</td><td style="width: 20px; height: 20px;">L</td></tr></table></p>		0	0	3	6	S	L	F	E	E	C	O	L						
0	0	3	6	S	L	F	E	E	C	O	L								
<p>1. Institution Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">T</td></tr></table></p>		D	A	I	I	C	T												
D	A	I	I	C	T														
<p>2.Student's Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">N</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">V</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">R</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">P</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		A	B	H	I	N	A	V		T	R	I	P	A	T	H	I		
A	B	H	I	N	A	V		T	R	I	P	A	T	H	I				
<p>3. Name of Course <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		B	T	E	C	H		I	C	T									
B	T	E	C	H		I	C	T											
<p>4. Semester : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td></tr></table></p>		0	6																
0	6																		
<p>5. Roll no./Student ID : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td></tr></table></p>		2	0	1	1	0	1	0	0	1									
2	0	1	1	0	1	0	0	1											
<p>6. Amount : 41,300/-</p>																			
<p>7. Amount in words : Rupees: Forty One Thousand Three Hundred Only</p>																			
<p><b>8. Fee Headwise details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Head</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Tution fees</td> <td style="text-align: right;">30000</td> </tr> <tr> <td>Registration fees</td> <td style="text-align: right;">2500</td> </tr> <tr> <td>Hostel Fees</td> <td style="text-align: right;">7000</td> </tr> <tr> <td>Electricity Charges</td> <td style="text-align: right;">1800</td> </tr> <tr> <td>Medical Insurance</td> <td></td> </tr> <tr> <td>Hostel Security Deposit</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>41300</b></td> </tr> </tbody> </table>		Fee Head	Amount	Tution fees	30000	Registration fees	2500	Hostel Fees	7000	Electricity Charges	1800	Medical Insurance		Hostel Security Deposit		<b>Total</b>	<b>41300</b>		
Fee Head	Amount																		
Tution fees	30000																		
Registration fees	2500																		
Hostel Fees	7000																		
Electricity Charges	1800																		
Medical Insurance																			
Hostel Security Deposit																			
<b>Total</b>	<b>41300</b>																		
<p>9. Full Name of Student <b>Abhinav Tripathi</b></p>																			
<p>10. Full Name of Parent/Guardian <b>Aditya Kumar Tripathi</b></p>																			
<p>11. Contact No: Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		8	8	6	6	1	3	9	5	0	0								
8	8	6	6	1	3	9	5	0	0										
<p>Land Line No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																			
<p>Payorder / DD No. /Cheque No. _____ Drawn On Bank _____</p>																			
<p>Payable At Branch: _____</p>																			
<p>Signature/ Stamp _____ Signature of Depositor _____</p>																			
<p>ICICI Bank Ltd</p>																			
<p>* DD/ Payorder/Cheque must be drawn payable at the centre of deposit of the instrument i.e. outstation instruments not acceptable</p>																			

<b>Bank's Copy</b>																			
 <p><b>DA-IICT</b> Near Indroda circle, Near GH-0, Gandhinagar- 382007,Gujarat, India Tel : +91 79 30520000</p>																			
<p>The PAN NO. of the Education Institution : AAAJT1203A</p>																			
<p>Name of branch: _____</p>																			
<p>Date of Deposit: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> D D M M Y Y</p>																			
<p>(to be treated by student as fee receipt)</p>																			
<p>Account to be credited <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">S</td><td style="width: 20px; height: 20px;">L</td><td style="width: 20px; height: 20px;">F</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">O</td><td style="width: 20px; height: 20px;">L</td></tr></table></p>		0	0	3	6	S	L	F	E	E	C	O	L						
0	0	3	6	S	L	F	E	E	C	O	L								
<p>1. Institution Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">T</td></tr></table></p>		D	A	I	I	C	T												
D	A	I	I	C	T														
<p>2.Student's Name : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">N</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">V</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">R</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">P</td><td style="width: 20px; height: 20px;">A</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		A	B	H	I	N	A	V		T	R	I	P	A	T	H	I		
A	B	H	I	N	A	V		T	R	I	P	A	T	H	I				
<p>3. Name of Course <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">B</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">E</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;">I</td><td style="width: 20px; height: 20px;">C</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		B	T	E	C	H		I	C	T									
B	T	E	C	H		I	C	T											
<p>4. Semester : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td></tr></table></p>		0	6																
0	6																		
<p>5. Roll no./Student ID : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td></tr></table></p>		2	0	1	1	0	1	0	0	1									
2	0	1	1	0	1	0	0	1											
<p>6. Amount : 41,300/-</p>																			
<p>7. Amount in words : Rupees: Forty One Thousand Three Hundred Only</p>																			
<p><b>8. Fee Headwise details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Head</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Tution fees</td> <td style="text-align: right;">30000</td> </tr> <tr> <td>Registration fees</td> <td style="text-align: right;">2500</td> </tr> <tr> <td>Hostel Fees</td> <td style="text-align: right;">7000</td> </tr> <tr> <td>Electricity Charges</td> <td style="text-align: right;">1800</td> </tr> <tr> <td>Medical Insurance</td> <td></td> </tr> <tr> <td>Hostel Security Deposit</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>41300</b></td> </tr> </tbody> </table>		Fee Head	Amount	Tution fees	30000	Registration fees	2500	Hostel Fees	7000	Electricity Charges	1800	Medical Insurance		Hostel Security Deposit		<b>Total</b>	<b>41300</b>		
Fee Head	Amount																		
Tution fees	30000																		
Registration fees	2500																		
Hostel Fees	7000																		
Electricity Charges	1800																		
Medical Insurance																			
Hostel Security Deposit																			
<b>Total</b>	<b>41300</b>																		
<p>9. Full Name of Student <b>Abhinav Tripathi</b></p>																			
<p>10. Full Name of Parent/Guardian <b>Aditya Kumar Tripathi</b></p>																			
<p>11. Contact No: Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		8	8	6	6	1	3	9	5	0	0								
8	8	6	6	1	3	9	5	0	0										
<p>Land Line No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																			
<p>Payorder / DD No. /Cheque No. _____ Drawn On Bank _____</p>																			
<p>Payable At Branch: _____</p>																			
<p>Signature/ Stamp _____ Signature of Depositor _____</p>																			
<p>ICICI Bank Ltd</p>																			
<p>* DD/ Payorder/Cheque must be drawn payable at the centre of deposit of the instrument i.e. outstation instruments not acceptable</p>																			