

PAYING IN VOUCHER : *Temp.Appointment*



UNIVERSITY OF JAFFNA – SRI LANKA
THIRUNELVELY JAFFNA

Bank Manager,

Please credit to **Account No: 162100160000880** of the University of Jaffna, Sri Lanka, at the **University Branch of the Peoples’ Bank.**

Name of Payer:

Registration No:

Payer’s Address:

.....

Reason for Payment:

| Detail | Amount Rs. |
|------------------|------------|
| Application Form | |
| | |
| Total | |

.....
Date Depositors Signature

Received the above mentioned amount to be credited to the **Account No: 162100160000880** of the University of Jaffna, Sri Lanka, at the **University Branch of the Peoples’ Bank.**

.....
Signature of the Manager / Authorized Officer & Bank Seal

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