



**PIONEER SCIENCE COLLEGE
BHALWAL**

Office Copy

Challan No.	
Date:	
Name:	
Father Name:	
Roll No.	
Class:	

#	Fee Details	Amount
1		
2		
3		
4		
5		
Total:		

Due Date:

Depositer's Sign: _____

Receiver's Sign: _____

Note: Rs. 20/day would be charged for late payment.



**PIONEER SCIENCE COLLEGE
BHALWAL**

Accountant Copy

Challan No.	
Date:	
Name:	
Father Name:	
Roll No.	
Class:	

#	Fee Details	Amount
1		
2		
3		
4		
5		
Total:		

Due Date:

Depositer's Sign: _____

Receiver's Sign: _____

Note: Rs. 20/day would be charged for late payment.



**PIONEER SCIENCE COLLEGE
BHALWAL**

Student Copy

Challan No.	
Date:	
Name:	
Father Name:	
Roll No.	
Class:	

#	Fee Details	Amount
1		
2		
3		
4		
5		
Total:		

Due Date:

Depositer's Sign: _____

Receiver's Sign: _____

Note: Rs. 20/day would be charged for late payment.