

**GULBARGA UNIVERSITY, KALABURAGI
ONLINE PAYMENT FORM**

PERSONAL DETAILS

| | |
|------------------------|--|
| Name | |
| Designation | |
| Mobile Number | |
| Firm / Institution | |
| College / Department | |
| Name of the University | |

ACCOUNT DETAILS

| | |
|--------------------|--|
| Name of the Bank | |
| Name of the Branch | |
| Name of the City | |
| Account Number | |
| IFSC Code | |

AMOUNT:

1. I agree the terms and conditions of the online payment
2. Information given by me is correct any wrong information is my sole responsibility
3. If any excess amount is credited to my account, the same will be refunded by me to the Gulbarga University Authorities.
4. I certify that I have not claimed this bill amount earlier.

NAME & SIGNATURE

Place:

Date:

| FOR OFFICE USE | |
|------------------------|--|
| Section Clerk | |
| Superintendent | |
| Deputy Finance Officer | |
| Finance Officer | |