

**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	