

**UNIVERSITY OF JAFFNA  
PAYING IN VOUCHER**

1. Account to be credited: Ethics Review Committee  
Faculty of Medicine

2. Name of the Payer: .....

3. Address of the Payer: .....

.....

4. Reason for payment:	Rs.	Cts.
a) Application fee	.....	.....
b) .....	.....	.....
c) .....	.....	.....

Total \_\_\_\_\_

5. Total amount (in words):  
.....

6. Mode of payment:

7. Signature;.....

8. Date:

\_\_\_\_\_  
Received by ..... the above sum for credit of the University of  
Jaffna Account No.: 162-1-001-8-0000902.

Date: .....

*Shrof*

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