PONDICHERRY UNIVERSITY
ACADEMIC SECTION-II

CONSOLIDATED STATEMENT SHOWING THE NAMES OF THE STUDENTS WHO SUBMITTED THE PREMIUM FOR GROUP MEDICLAIM POLICY FOR THE ACADEMIC YEAR _____

(ONLY FULL TIME CANDIDATE)

Name of the Department: **Course:**

Sl. No.	**Name of the Student**	**Challan No./Date**	**Amount**	**Remarks**

Signature