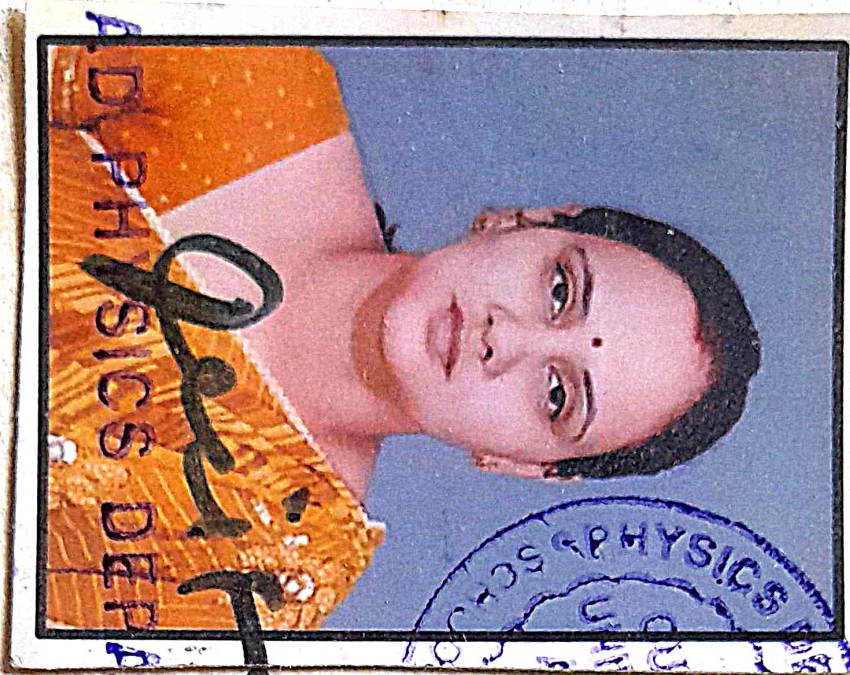
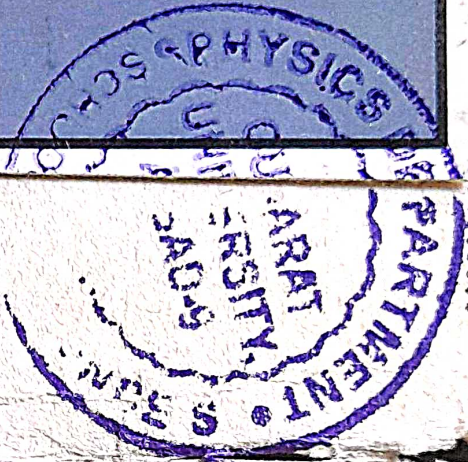


Class.....Sub.....

Roll No.....

P.G. Reen. No.....Dt.....



HEAD PHYSICS DEPARTMENT

Signature of the Director

Full Name of the student. SUSHAMA KUMARI

TUITION FEE DETAILS

Term	Receipt No.	Dt.	Amount
First term	<u>708</u>	<u>29/08/2016</u>	<u>7400/-</u>
Second term			

Present A-705, Arth Avenue

Address : Arund Nagar, Sahel

Ph.No. : 8758641414

Sushama

Signature of the student