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Form No.: 5439...

Date: 21/07/25

Student ID:	25 LLBV	10039	AND ASSESSMENT OF THE PARTY OF		
Name: Abh			-		
Father's Name:					
Address:					
	- ×				
Mobile No: 7		41523			
Course: BAL		11191213			
Total College Fee:		DI- (Andre	ting all)		
			V		
> If scholarship is	s not released			- 44	7
Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	50000/-	5th 50000
Total 450	00/-	500001-	50000/- (EF)	(EF)	(EF)
Fee (Ind	uding all	) (EF)	(EF)	(EF)	
Note: University	Fee As Per No	rms			
> If scholarship is	released, you h	nave to pay following	ng fee:		
	1st	2nd	3rd	4 <sup>th</sup>	
Year	1"	2	3		
Total Fee					*
	3				
Note: University	Fee As Per No	orms		y aware	
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Fee submitted (	at the time of	of admission):	all fees will !	be paid upto 1	Jon 201
	Fir	st Installment:	- X -		
	Se	cond Installment:	- X-		
	Th	ird Installment:	-x-		
		1		1.	
	450	5	241712	X	
Student's Signature	Guardian's	Signature A	Authorized Signatory	Admission Cell	