Form No.: 5509

Date: 2117125

Name:	Shreyar	sh gadas	<i>J</i>	
Father's Name:	J	(
Address:		o/		
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Mobile No:	89235	87722		
Course:	0.0			
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Note: Univer	sity Fee As Per No			
Fee submitte	Sec	st Installment:	0000 -	(OCF 3 M WEEK)
	Thi		en thousand)	(Dec 4th we
Shreyanshin udent's Signature	Guardian's	IRM JAPON Signature	Authorized Signatory	Admission Cell

25BCA0043

Student ID: _____