[Ref: Director Sir]

Form No.: 5631
Date: 31725

Student ID: 25mBAB064				Date:	
Name:					
Father's Name: Shallendra Kumar					
Address:					
Mobile No:	×				
Course: mBA					*, *, *, *,
Total College Fee:	7500	ol- Clac	ludlug all)		
If scholarship is				··	
Year	1 st	2nd	3rd		
Total 60000 - Fee (includingal)		~	× ×	4 th	
Fee (incl	(lepall)	(Et),		×	
Note: University I	1.5			-	
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		ave to pay followin	ig iee:		
Year	1 st	2 nd	3 rd	4 th	
Total Fee					
	*				E [†]
Note: University F	ee As Per Nor	ms			
Foo submitted (1 0	- lutary	
Fee submitted (at					
	First	Installment:	000 - (A	134 week)	
	Seco	nd Installment: _20	00001-(F	Jug 3 Mosek)	(councelly
		0.1		4	Hwg)

Student's Signature

Guardian's Signature

Authorized Signatory

Third Installment: 22000 |- (Dec Ist week)

Admission Cell