

## Fee Receipt (Student Copy)



Krishna Nursing and Paramedical Institute  
कृष्णा नर्सिंग एण्ड पैरामेडिकल इंस्टीट्यूट

Student Name: Rohan Kumar .....

Father's Name: Harihar Kumar .....

Course Name: ANM .....

Class Name: First Year .....

Roll Number : 35 .....

Receipt No: 864934 .....

S.No	Fee Head	Sub Head	Paid Amount	Payment Method	Remarks	Date	Time
1							
		Total	Rs: 3200				

Signature

Krishna Nursing and Paramedical Institute

## Fee Receipt (Office Copy)



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कृष्णा नर्सिंग एण्ड पैरामेडिकल इंस्टीट्यूट

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