

**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**AND ASSOCIATED HAH CENTENERY HOSPITAL**  
**JAMIA HAMDARD, NEW DELHI -110062**

(To be filled by student)

Receipt No.:.....

<b>Name of Student:</b>	
<b>Course (Opted for):</b>	<b>Enrollment No.</b>
<b>Batch (Year):</b>	<b>Session:</b>
<b>Fee Paid: Rs</b>	
<b>Name of bank from where amount is transferred:</b>	
<b>Bank Branch Address:</b>	
<b>Name of Account Holder:</b>	
<b>(From whom account money is transferred)</b>	
<b>Mobile Number:</b>	
<b>Bank Account No. :</b>	
<b>UTR No. :</b>	
<b>Date of Transfer:</b>	
<b>Transferred to: 0915010100000034 (HIMSR Account) IFSC: JAKA0JAMIAH</b>	
<b>Total Fee:</b>	

I..... S/o/ D/o.....  
 Of Course....., Certify that above mentioned details are correct to the best  
 of my knowledge and, I have transfer the amount to HIMSR account.

In case any of the above mentioned details are found incorrect, I am liable to bear the late fee  
 and/or any other penalty in this regard.

(Signature of Student/ Guardian)

(Signature of Verification Officer, HIMSR)

**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH & HAH HOSPITALJAMIA HAMDARD, NEW  
 DELHI -110062**

(To be filled by student)

Mr./Ms.....S/oD/o.....  
 has submitted/has not submitted advices for UTR.No/Ref.  
 No.....Receipt No.....  
 Date of transfer.....for Rs.....In case any advices details are found  
 incorrect, he/she will be liable to bear the late fee fine and/ or any other penalty in this regards.  
**Session for which Fee Paid: 20.....-.....Email Id:.....**  
**Mobile: .....Enrollment Number.....**

Signature of receiving officer, HIMSR