

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

Students Copy

(To be filled by student)

Receipt No.:.....

Name of Student:	Paid in: UCO xxxx62/ J&K xxxx34/ J&K xxxx04
Course (Opted for):	Enrollment No.
Batch (Year):	Session:
Fee Paid: Rs	In words:
Name of bank from where amount is transferred:	
Name of Account Holder:	Bank Account No. :
UTR No:	
Date of Transfer:	Type of Fee: Tuition/Exam/Suppl-Exam/.....
Mobile Number:	E-mail:
Total Fee:	Remaining Fee:

Attached copy of Affidavit & conversion rate for conversion of currency, wherever applicable.

(Name & Signature, Academics HIMSR)

(Name & Signature, Finance HIMSR)

.....Tear apart

Finance/Academic Dept. Copy (To be filled by student)

Receipt No.:.....

Name of Student:	Paid in: UCO xxxx62/ J&K xxxx34/ J&K xxxx04
Course (Opted for):	Enrollment No.
Batch (Year):	Session:
Fee Paid: Rs	In words:
Name of bank from where amount is transferred:	
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UTR No:	
Date of Transfer:	Type of Fee: Tuition/Exam/Suppl-Exam/.....
Mobile Number:	E-mail:
Total Fee:	Remaining Fee:

Attached original Affidavit & conversion rate for conversion of currency, wherever applicable.

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)

(Name & Signature, Finance HIMSR)

(Name & Signature, Academics HIMSR)