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:**

Details submitted on online fee submission form (Yes/No)

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:	
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 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.

Details submitted on online fee submission form (Yes/No)

(Signature of Student/ Guardian)   (Name & Signature, Finance HIMSR)   (Name & Signature, Academics HIMSR)