



C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

KAJAL SHARMA

University Roll Number

211213-12-0018

University Registration Number

213-1211-0918-21

Select Semester

6th Semester

Select Exam Type

Regular Exam Fees

Additional Details

Mobile Number

+917003914604

Email Address

kajal.sharma4799@gmail.com

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Product	Qty	Unit Price	Price
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