



## C.U EXAMINATION FEES PAYMENT

### Candidate Details

#### Full Name of Candidate

Rishika Kumari Shaw

#### University Roll Number

231213-11-0106

#### University Registration Number

213-1211-0464-23

#### Select Semester

2nd Semester - CCF

#### Select Exam Type

Regular Exam Fees

### Additional Details

#### Mobile Number

+919608056387

#### Email Address

[rishikashaw2004@gmail.com](mailto:rishikashaw2004@gmail.com)

### Order

| Product             | Qty | Unit Price   | Price          |
|---------------------|-----|--------------|----------------|
| CU Examination Fees | 1   | ₹570.00      | ₹570.00        |
|                     |     | <b>Total</b> | <b>₹570.00</b> |