



C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

KARINA KUMARI

University Roll Number

211213-12-0020

University Registration Number

213-1211-0920-21

Select Semester

2nd Semester - CBCS

Select Exam Type

Supply Exam Fees

Additional Details

Mobile Number

+917439662867

Email Address

karina02kumari26@gmail.com

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Product	Qty	Unit Price	Price
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