



C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

Komal Srivastava

University Roll Number

212213-11-0188

University Registration Number

213-1211-0219-21

Select Semester

2nd Semester - CBCS

Select Exam Type

Supply Exam Fees

Additional Details

Mobile Number

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Email Address

ks6367749@gmail.com

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