



## C.U EXAMINATION FEES PAYMENT

### Candidate Details

#### Full Name of Candidate

KAJAL JHA

#### University Roll Number

231213-12-0030

#### University Registration Number

213-1211-0798-23

#### Select Semester

2nd Semester - CCF

#### Select Exam Type

Regular Exam Fees

### Additional Details

#### Mobile Number

+917439094576

#### Email Address

[Kaju50483@gmail.com](mailto:Kaju50483@gmail.com)

### Order

Product	Qty	Unit Price	Price
CU Examination Fees	1	₹500.00	₹500.00
		<b>Total</b>	<b>₹500.00</b>