



## C.U EXAMINATION FEES PAYMENT

### Candidate Details

**Full Name of Candidate**

SHILPI SRIVASTAV

**University Roll Number**

222213-12-0142

**University Registration Number**

213-1211-0786-22

**Select Semester**

2nd Semester - CBCS

**Select Exam Type**

Supply Exam Fees

### Additional Details

**Mobile Number**

+918100288070

**Email Address**

[shilpisrivastav2004@gmail.com](mailto:shilpisrivastav2004@gmail.com)

### Order

Product	Qty	Unit Price	Price
CU Examination Fees	1	₹300.00	₹300.00
		<b>Total</b>	<b>₹300.00</b>