



## C.U EXAMINATION FEES PAYMENT

### Candidate Details

**Full Name of Candidate**

KAJAL KM CHOUDHARY

**University Roll Number**

232213-12-0197

**University Registration Number**

213-1211-0594-24

**Select Semester**

2nd Semester - CCF

**Select Exam Type**

Regular Exam Fees

### Additional Details

**Mobile Number**

+917439285539

**Email Address**

[choudharykajal363@gmail.com](mailto:choudharykajal363@gmail.com)

### Order

Product	Qty	Unit Price	Price
CU Examination Fees	1	₹400.00	₹400.00
		<b>Total</b>	<b>₹400.00</b>