

# Maharani Kasiswari College

## **C.U EXAMINATION FEES PAYMENT**

## **Candidate Details**

#### **Full Name of Candidate**

Laxmi Mandal

## **University Roll Number**

221213-11-0075

# **University Registration Number**

213-1211-0505-22

#### **Select Semester**

5th Semester

## **Select Exam Type**

Regular Exam Fees

#### **Additional Details**

#### **Mobile Number**

+917439680027

#### **Email Address**

mandallaxmi732@gmail.com

#### **Order**

| Product             | Qty   | Unit Price | Price   |
|---------------------|-------|------------|---------|
| CU Examination Fees | 1     | ₹355.00    | ₹355.00 |
|                     | Total |            | ₹355.00 |

Transaction ID: pay\_PVjCgt0E47oj5N 11/12/2024