



Maharani Kasiswari College

C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

AMREEN SIDDIQUE

University Roll Number

233213-11-0081

University Registration Number

213-1211-0305-23

Select Semester

3rd Semester

Select Exam Type

Regular Exam Fees

Additional Details

Mobile Number

+919073881577

Email Address

siddiqueamreen66@gmail.com

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