



Maharani Kasiswari College

C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

SHINJINI SAHA

University Roll Number

232213-11-0021

University Registration Number

213-1212-0215-23

Select Semester

3rd Semester

Select Exam Type

Regular Exam Fees

Additional Details

Mobile Number

+916291343996

Email Address

shinjinisaha42@gmail.com

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