



Maharani Kasiswari College

C.U EXAMINATION FEES PAYMENT

Candidate Details

Full Name of Candidate

SUMA DHALI

University Roll Number

231213-12-0110

University Registration Number

213-1211-0882-23

Select Semester

3rd Semester

Select Exam Type

Regular Exam Fees

Additional Details

Mobile Number

+916289866851

Email Address

sathidhali27@gmail.com

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