

# **SRI RAMACHANDRA**

### INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Deemed to be University) Porur, Chennai - 600 116.



# **UNIVERSITY EXAMINATION FEE NOTIFICATION - DECEMBER 2022**

Candidate's Name : MOHAMMED THOUFEEQ A Regn. No.: A0219034

Date of Birth : 31/01/2002 Sex : Male Semester: SIXTH SEMESTER

College : SRI RAMACHANDRA FACULTY OF AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY

Programme : B. ASLP

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SEMESTER	COURSE CODE	Result in Group	COURSE TITLE FOR WHICH APPEARING	
FIFTH SEMESTER	UAS17CT504		IMPLANTAB	LE HEARING DEVICES
SIXTH SEMESTER	UAS17CR605		CLINICALS I	N SPEECH LANGUAGE PATHOLOGY - IV
SIXTH SEMESTER	UAS17CR606		CLINICALS I	N AUDIOLOGY - IV
Fee Particulars		Amount (Rs.)		
Examination Fee (Rs.500 X 1)		500.00		
Practical Fee	(Rs.500 X 2)		1,000.00	
Processing Fee		500.00		
Mark Sheet Fee		1,000.00		
	TOTAL		3,000.00	



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### NOTE:

- 1) The student will be permitted to appear for the examination, subject to fulfilment of eligibility criteria.
- 2) The candidate is advised to represent through HOD / Course Chairperson / Principal / Dean, if any discrepancy is found in the particulars furnished in this form.
- 3) Contact Student section / Accounts section for any further clarification.

# <u>Instructions regarding fee remittance through RTGS / NEFT mode</u>

## **Details to be filled in the remittance challan:**

Beneficiary Name	SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH - MOHAMMED THOUFEEQ A	
Beneficiary Account No.	SRUA0219034	
IFS code to be used for remittance	CIUB0000300	
Bank Name	CITY UNION BANK	
Branch	AYYAPPANTHANGAL, CHENNAI - 600 056.	