



RECEIPT

OFFICE ADDRESS: G-4, A-18, Sector 59, Noida
UP 201301

CONTACT: +91 8076840282
info@eduhealthbridge.com

RECEIPT NO.: _____ **DATED:** _____

NAME OF STUDENT: _____

FATHER'S NAME: _____

PROGRAM NAME: _____

S.NO.	PARTICULARS	AMOUNT
	TOTAL AMOUNT	
TOTAL FEE:	TOTAL REMITTED:	BALANCE FEE:

PAYMENT MODE: _____

TRANSACTION ID: _____

NOTE:

1. FEE ONCE PAID WILL NOT BE REFUNDED IN ANY CIRCUMSTANCES
2. NO REFUND IS POSSIBLE ON WITHDRAWAL/CANCELLATION OF ADMISSION

Auth. Sign.

Authorized Signature