

Swaminarayan University, Kalol FACULTY OF HOMOEOPATHY

Contact: +91 8908908908

Email: info@Swaminarayanuniversity.ac.in

RECEIPT

Name: JADEJA SHRUTIBEN RAJESHBHAI

Department: B.H.M.S.

Registered No: 202007800014

Date: 29.12.2023

Class: BHMS 4th Year Junior

SECTION A	Fee Name	Amount
G Tuition Fee Term		₹ 57500

Grand Total:

In Words:

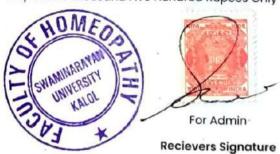
Note/Remark : Pay Type: CASH

Ref No: SUK/HOM/2023/2047

Collected By: R V Joshi

₹57500

Fifty Seven Thousand Five Hundred Rupees Only



SUK/HOM/2023/1317



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RECEIPT

Name: JADEJA SHRUTIBEN RAJESHBHAI

Department: B.H.M.S.

Registered No: 202007800014

Date: 26.06.2023

Class: BHMS 3rd Year

	Fee Name		Amount
G Tuition Fee Term		· ;i.	₹ 57500

Grand Total:

In Words:

Note/Remark:

Pay Type: CASH

Ref No: SUK/HOM/2023/1317

Fifty Seven Thousand Five Hundred



₹57500

For Admin

Recievers Signature