



**ST.Reg.No** : AADCT 5873 CSD 001

**Receipt No** : 1049

**Receipt Date** : 15/06/2016

**Student ID** : NSTAJ0516035

**Student Name** : TEST NIRMAL

**Fee** : Rs.4,348

**ST(15%)** : Rs.652

**Total Paid** : Rs.5,000

I AGREE ALL TERMS AND CONDITIONS BY NETWORKZ  
SYSTEMS.  
REFER ONLINE RECEIPT FOR MORE INFORMATION.