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FEES RECEIPT

Receipt No.: 2024KRIS-016 **Student Register Ndkris1052**

Name: **shamshath Begum Total Amount:** \$300000.00

Mobile No.: 09842393430 **Amount Paid:** \$10000.00

Medical Main Course: Remaining Amount:\$190000.00

> **Payment Date:** 10/16/2024

> > Signature:

Authorized Signatory