


<div><div><div>DIRECTOR GENERAL (TRAINING)</div><div>Medical Health & Family Welfare, Govt. of U.P</div></div></div>			
ANM PAYMENT ACKNOWLEDGEMENT SLIP			
CHALLAN NO	NA		
TRANSACTION ID	ANM230730136768T1558623923	Payment Number	739573007231028108
TRANSACTION DATE	30/07/2023 10:28 AM	TRANSACTION STATUS	SUCCESS
CANDIDATE DETAILS			
NAME	KIRTI SHAKYA		
EMAIL ID	shakya.kirti563@gmail.com	MOBILE NO.	8743000563
PAYMENT FOR	ANM REGISTRATION FORM FEE		
PAYMENT DETAILS			
PAYMENT MODE	Credit Card	PAYMENT AMOUNT	100.0

