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| <div><div><div>DIRECTOR GENERAL (TRAINING)</div><div>Medical Health & Family Welfare, Govt. of U.P</div></div></div> | | | |
| PAYMENT ACKNOWLEDGEMENT SLIP | | | |
| CHALLAN NO | NA | | |
| TRANSACTION ID | GNM230730140088T1262453778 | Payment Number | 006343107230498779 |
| TRANSACTION DATE | 31/07/2023 10:07 PM | TRANSACTION STATUS | SUCCESS |
| CANDIDATE DETAILS | | | |
| NAME | KIRTI SHAKYA | | |
| EMAIL ID | shakya.kirti563@gmail.com | MOBILE NO. | 8743000563 |
| PAYMENT FOR | REGISTRATION FORM FEE | | |
| PAYMENT DETAILS | | | |
| PAYMENT MODE | Credit Card | PAYMENT AMOUNT | 100.0 |

