

**OFFICE OF THE DEAN,
Pt. J. N. M. MEDICAL COLLEGE, RAIPUR [C.G.]**

Name : _____ Admn Year _____

Appearing in: _____ Name of Examination _____

I have paid the following fees of the institution for the session _____

S.No.	Particulars of Fee	Detail	Sign of Cashier
1	Tuition Fee	R.T. No. Dt.	
2	Non-Govt Fee	R.T. No. Dt.	
3	Hostel Fee	R.T. No. Dt.	
4	Hostel . Money	R.T. No. Dt.	
5	Exempted for tuition fee Due to:-		
6.	Not Residing in hostel (Certified By Warden)		
7	In-Charge Sport officer		

Signature Student

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