

## RECEIPT

<b>Institution</b>	
Address	
☎ Phone No:	email id:

No:

Date: \_\_\_\_\_

Received from \_\_\_\_\_

For the course of \_\_\_\_\_

The sum of rupees \_\_\_\_\_.

(in words \_\_\_\_\_).

Balance if any: _____
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Signature of Student / Parent

Receiver Signature

Note: The amount once paid is non refundable in any case of whatsoever.