

**KIMS**

Hospital with Hospitality

KONASEEMA INSTITUTE OF MEDICAL SCIENCES & RESEARCH FOUNDATION

NH-216, CHAITANYA NAGAR, AMALAPURAM-533201, E.G.DIST., A.P.

Tel: +91 -8856-238424, 25, 26, 27 Fax +91-8856 - 237985

Receipt No. 62

RECEIPT

Date :

Name : Bhupati Raju Sagar Varma

Academic Year : 2017-18 Course : MBBS

Course Name : 'A' Course Year :

S.No.	PARTICULARS	AMOUNT
1.	Tution Fee	67,100
2.	Internship Deposit	
3.	Lab Fee	
4.	Library Fee	
5.	Caution Deposit	
6.	Other Fee	
TOTAL		67,100 -

Rupees in words:

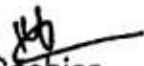
Sixty Seven Thousand and one

Cheque / DD No. 885202, 885203 Date 2/8/18

Bank SBI Branch

Parent Phone Number : 7997713605

Student Phone Number :


Cashier

Note : Parent requested to preserve this receipt for future clarification in respect of fee paid by them. Fee once paid will not be returned or transferred SMS remainders will be sent to the parent phone number given above.