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	67100
2.	Internship Deposit	
3.	Lab Fee	
4.	Library Fee	
5.	Caution Deposit	
6.	Other Fee	
	TOTAL	67100-

Rupees in words: Rupees Sixty Seven Thousand and one Hundred only

Cheque / DD No. 885202, 885203 Date 2/8/17

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.