

Government Vidarbha Institute of Science and Humanities, Amravati
(An Institute of Govt. of Maharashtra 21-22)

Receipt No. 776 Date: 18/10/2021

NAME: KHANDEKAR ROHINI MADHAR
Reg. No: POCT04

CLASS: M.A. II - CAT-5C Subject: Economics

SN	Particulars	Amount
1	Admission fee	25
2	Tuition fee	6
3	Laboratory fee	6
4	Library fee	250
5	Journal Magazine fee	30
6	Sports fee	120
7	Exhibition fee	20
8	Identity card fee	6
9	Institute Commemorative fee	60
10	Physical education fee	6
11	Student Aid fund	25
12	Contest Money	6
13	University Enrollment fee	6
14	University fee	100
15	Other Curriculum	30
16	Waste duty	10
17	Stationery fee	35
18	Sports facility and management	20
19	College Commemorative	20
20	Annual Gathering	15
21	Sports fee	100
22	Environmental studies	6
23	Degree fee	200
24	Character and Security	100
	Total	1381

Transaction ID: 1787948888

Government Vidarbha Institute of Science and Humanities, Amravati
(An Institute of Govt. of Maharashtra 21-22)

Receipt No. 2280 Date: 14/10/2021

NAME: CADKAR PRIYA RAMESHRAO
Reg. No: YGYT9825

CLASS: M.A. II - CAT-5C Subject: Economics

SN	Particulars	Amount
1	Admission fee	25
2	Tuition fee	6
3	Laboratory fee	6
4	Library fee	250
5	Journal Magazine fee	30
6	Sports fee	120
7	Exhibition fee	20
8	Identity card fee	6
9	Institute Commemorative fee	60
10	Exam Fee	6
11	Student Aid fund	25
12	Contest Money	6
13	University Enrollment fee	6
14	University fee	100
15	Other Curriculum	30
16	Waste duty	10
17	Stationery fee	35
18	Sports facility and management	20
19	Student Commemorative	20
20	Annual Gathering	15
21	Journal fee	100
22	Environmental studies	6
23	Degree fee	200
24	Character and Security	100
	Total	1381

Transaction ID: 1787948888

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SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. _____ Date: _____

Name: _____

Name of Branch: _____

IN ACCOUNT OF

Amount: Rs. _____

Signature of the Receiver: _____

Signature of the Issuing Officer: _____

MAHARASHTRA STATE ELIGIBILITY TEST FOR ASSISTANT PROFESSOR

Application Form No. _____

Name of Candidate: _____

Roll No. _____

Subject: _____

Category: _____

Age: _____

Photo of the Candidate: 

Signature of the Candidate: _____

Signature of the Controller: _____

Official Stamp: 

Declaration: _____

Pimpri Chinchwad Area (P.C.A.) Branch
Pandit Pradipkumar Mahalingrao Amravati (1911-1917)
 1000, N. Yashwantrao Chavan Rd., Pimpri, Dist. Pune - 411004

RECEIPT

Receipt No. 17015-11 Date 17/08/2017
 Name of Student P. Pradipkumar Mahalingrao

Sl. No.	Particulars	Amount
1	1. B. & C. Charges (Bank Fee)	
2	2. B. & C. Charges (M. & S. Fee)	
3	3. M. & S. Charges (Admission Fee)	1000/-
4	4. B. & C. Charges (Tuition Fee)	
5	5. Tuition & Study Material Fee	
6	6. Charges for Laboratory, Workshop & Demonstration Fee	
7	7. Lab. Fee	
8	8. Laboratory Charge (Lab. Fee)	
9	9. Laboratory Charge (Lab. Fee)	
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95	95. Laboratory Charge (Lab. Fee)	
96	96. Laboratory Charge (Lab. Fee)	
97	97. Laboratory Charge (Lab. Fee)	
98	98. Laboratory Charge (Lab. Fee)	
99	99. Laboratory Charge (Lab. Fee)	
100	100. Laboratory Charge (Lab. Fee)	
	Total	1000/-

Paid By: Cash / Cheque _____ Balance if any _____
 Sign: P. Pradipkumar Mahalingrao Sign of Student _____

010817B

SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. 17015-11 Date 17/08/2017
 Name: P. Pradipkumar Mahalingrao
 Name of Firm: _____
 ON ACCOUNT OF _____

	Rs.	P.
AMOUNT OF FEE		
LABORATORY CHARGE		
ADMISSION FEE		
TOTAL		

In Words: Rs. One Thousand and No. Paise Only

Subject to Realisation
 DD No. 17015-11 Date: 17/08/2017
 Name of Issuing Bank _____ Receipt Check _____
 Student's Parent's Copy
 B. 17R. 11-17

Chhatra Samithi, Sri Lanka, Anuradhapura
Pendik Pustakalya Mahavidyalaya Anuradhapura (2021-2022)
 Anuradhapura, Anuradhapura District

RECEIPT *11/10*
 Receipt No: *1142* Date: *15/03/2021*
 Name of Student: *Supa Dilshani*

S.N.	Description	Amount
1	B.A. Class Register Table Fee	
2	College Magazine Table Fee	
3	B.A. Class Registration Table Fee	<i>1000</i>
4	B.A. Class Register Table Fee	
5	University of Open Learning Fee	
6	University of Open Learning Fee	
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100	University of Open Learning Fee	

Total Amount: *538.00*
 Date: *15/03/2021*

Sri Lanka Open University
 Anuradhapura, Anuradhapura District

Student Copy

Receipt No: *00007004* Date: *15/03/2021*

Enrollment No: *2019008100866*

Name: *DANAR PRAPATHI DISKOFF*

Course: *Master of Social Work*

Session: *2020-21* Sem/YY: *2*

Payment Detail

Admission Fee	15
Identity Card Fee	28
University Student Aid Fund	75
College Magazine Fee	100
University Medical Aid Fund	90
N. S. S. Fees	10
University Sports Fund	25
University Development Fund	125
Un. Students Insurance Fees	40
University Ashvamegh Fund	30
Total Amount	538.00

PAID
[Signature]

Sri Lanka Open University
 Anuradhapura, Anuradhapura District

Statement of Marks

Examination No: *11*, Date: *15/03/2021*
 Candidate Name: *DANAR PRAPATHI DISKOFF*

Sl. No.	Subject	Grade	Percentage	Remarks
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Signature: *[Signature]*
 Date: *15/03/2021*

No. 1 0001705

SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. _____ Date _____

Name: _____

Name of Book: _____

	No.	Rs.
EXCHANGE OF FINE		20.00
CENTRAL SPOT VALUATION		24.00
PRACTICAL FEE		100.00
TOTAL		144.00

In Words: Rs. One Hundred and Twenty Four Only

Subject to Registration
 Roll No. By Cash Date: _____

Name of Issuing Branch _____ Receipt Clerk _____

No. 1 0101923

SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. _____ Date _____

Name: _____

Name of Book: _____

	No.	Rs.
TOTAL		

In Words: _____ Only

Subject to Registration
 Roll No. _____ Date: _____

Name of Issuing Branch _____ Receipt Clerk _____

No. 1 0001705

SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. _____ Date _____

Name: _____

Name of Book: _____

	No.	Rs.
TOTAL		

In Words: _____ Only

Subject to Registration
 Roll No. _____ Date: _____

Name of Issuing Branch _____ Receipt Clerk _____

No. 1 0072830

SANT GADGE BABA AMRAVATI UNIVERSITY

Receipt No. _____ Date: 05/07/2021

Name: REPARATE

Name of Book: ALGEBRA

	No.	Rs.
EXCHANGE OF FINE		20.00
CENTRAL SPOT VALUATION		24.00
PRACTICAL FEE		100.00
TOTAL		144.00

In Words: Rs. One Hundred and Twenty Four Only

Subject to Registration
 Roll No. By Cash Date: 05/07/2021

Name of Issuing Branch _____ Receipt Clerk _____

DR. AMBEDKAR COLLEGE OF SOCIAL WORK
 Mahatma Phule Colony, Sawangi (M) Road, Wardha.

IDENTITY CARD



Name : **SHRADHA NARAYANRAO TAGADE**
 Class : **Master of Social Work**
 D.O.B : **12-November-1999**
 Address : **At. Ashgaon Po. Ambada Tq. Morshi Dist, Amravati ; Amravati ; - 444910**
 Mob : **7030251909**

Principal Sign

DR. AMBEDKAR COLLEGE OF SOCIAL WORK
 Mahatma Phule Colony, Sawangi (M) Road, Wardha.

IDENTITY CARD



Name : **AACHAL DEEPAK KHANTARE**
 Class : **Master of Social Work**
 D.O.B : **05-March-2000**
 Address : **At Irwar Para naggaon Peth Amravati Dist. Amravati , amravati - 444901**
 Mob : **9766347611**

Principal Sign

Dr. Ambedkar College of Social Work, Sawangi (M) Road, Wardha.
 Mahatma Phule Colony, Sawangi (M) Road, Wardha.


Principal Sign

Sl. No.	Name	Class	D.O.B	Address	Mob
1	Shiradha Narayanrao Tagade	Master of Social Work	12-November-1999	At. Ashgaon Po. Ambada Tq. Morshi Dist, Amravati ; Amravati ; - 444910	7030251909
2	Aachal Deepak Khantare	Master of Social Work	05-March-2000	At Irwar Para naggaon Peth Amravati Dist. Amravati , amravati - 444901	9766347611
3	Chanchal Vijay Kotangale	Master of Social Work	22-August-1999	Siddharth Nagar Walgaon Road Navsari Amravati Dist. Amravati ; Amravati ; - 444604	9503289061

Principal Sign

DR. AMBEDKAR COLLEGE OF SOCIAL WORK
 Mahatma Phule Colony, Sawangi (M) Road, Wardha.

IDENTITY CARD




Name : **CHANCHAL VIJAY KOTANGALE**
 Class : **Master of Social Work**
 D.O.B : **22-August-1999**
 Address : **Siddharth Nagar Walgaon Road Navsari Amravati Dist. Amravati ; Amravati ; - 444604**
 Mob : **9503289061**

Principal Sign



श्री शर्मा

श्री शर्मा, (पत्नी) श्री शर्मा

नाम -	श्री शर्मा	QR Code	श्री शर्मा
पत्नी -	श्री शर्मा		
पता -	श्री शर्मा, (पत्नी) श्री शर्मा		
व्यवसाय -			
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व्यवसाय -	श्री शर्मा, (पत्नी) श्री शर्मा		

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श्री शर्मा
महाराष्ट्र शासन