

To be submitted with form

**Office of The  
Controller of Examinations  
2nd Floor, Admin Block, DHIU**

**Challan**

**No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of the Student :

U.G College:

Course :

Department :

Semester :

Admission No:

Register No :

Nature of Payment	Amount Rs.
1. Regular Exam Fee	
2. Supplementary Exam Fee	
3. Secondary Marklist	
4. Senior Secondary Marklist	
5. Degree Marklist	
6. P.G Marklist	
7. Revaluation Fee	
8. Late Fee	
9. Other: 1	
10. Other 2	
11. Other 3	
<b>Total</b>	

Sign of the Remitter

Dealing assistant

Remitted @ (Exam Office/ Main Office)

\_\_\_\_\_

To be kept with the applicant

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