

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	
Total	

Sign of the Remitter

Dealing assistant

Remitted @ (Exam Office/ Main Office)

To be kept with the applicant

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