



FEES RECEIPT

Receipt No : **1786**

Adm No : **9379**

Mother's Name : **PRAGYA CHAMOLI**

Date : **20-May-2025**

Class : **IV-B**

Installment: **1st Qtr. (April ,May, June)**

Payment Mode : **UPI**

Fee Type : **School Fee**

HEAD NAME	ACTUAL AMOUNT	CONCESSION AMOUNT	LAST PAID	PAID AMOUNT
Annual Composite Fee	14841.00	0.00	0.00	
Exam Fee	524.00	0.00	0.00	524.00
Late Fine(School Fee)	100.00	0.00	0.00	100.00
Total	15465.00	0.00	0.00	15465.00

Total Paid : 15465.00

Amount(in words): **FIFTEENTH THOUSAND FOURTH HUNDRED SIXTY FIFTH ONLY.**

Cashier