

DR B C ROY COLLEGE OF PHARMACY ALLIED HEALTH SCIENCES
 MEGHNAD SAHA SARANI, BIDHAN NAGAR, DURGAPUR
 WEST BENGAL, 713212

Phone :0343-2532678, Email:, Website:WWW.BCRCP.AC.IN

Number: BCR/PHAR/(30/07/2018)/004

Date : 30/07/2018

Name of Student : MD. RABIUL ISLAM

College Roll Number: 1814018

Previous Roll Number:

Father's Name : MD. ASHIRUDDIN

For Semester : 1

Mother's Name : RIHANA BANU

Concession : NA

Student Type : REGULAR

Boarding Category : DAY SCHOLAR

Admission Category : GENERAL

Contact No. : 9679891238

Address : VILL: BARABILLA, PO: HAPTIAGACH, PS:
 WEST BENGAL, PIN:733202

Stream : M.PHARM

Course : PHARMACEUTICS(M.PHARM)

University Roll : 18920318011

Money Receipt (SEMESTER FEE for 1ST SEM)

| No. | Head | Amount | Details (if any) |
|-----|-------------------------|--------|-----------------------|
| | ADMISSION FEE: | 5000 | ONE TIME |
| | REGISTRATION FEE: | 500 | ONE TIME |
| | CAUTION MONEY DEPOSIT: | 5000 | ONE TIME |
| | MAKAUT DEVELOPMENT FEE: | 1100 | ONE TIME |
| | PROSPECTUS: | 1000 | ONE TIME |
| | TUITION FEE: | 50000 | 01/07/2018-31/12/2018 |
| | LRC/LIBRARY FEE: | 1000 | 01/07/2018-31/12/2018 |
| | STUDENT WELFARE: | 1000 | 01/07/2018-31/12/2018 |
| | EXAMINATION: | 1200 | 1ST SEM |

Total Payable: **65800**

Adjustable Advance : 0

Balance (Fee Unpaid) : 0

Total Amount Paid : **65800**

Words :Rupees Sixty Five Thousand Eight Hundred only

| Inst. Type | Inst. No. | Date | On Bank | Amount |
|----------------|-----------|------------|---------------------|--------|
| CHEQUE DEPOSIT | | | | 5000 |
| CHEQUE | 689110 | 30/07/2018 | STATE BANK OF INDIA | 40000 |
| CHEQUE | | | | 20800 |

VALIDITY OF RECEIPT SUBJECT TO CLEARING OF CHEQUE/DD

Signature