

(Department Copy)
Maharshi Dayanand University, Rohtak

Date:-/...../20.....

Name of Student:.....

Registration No.

Academic Session:.....

Course Name:

Department :.....

Sr. No.	Purpose	Amount
1	Admission Form Fee.	
2	Registration Fee.	
3	Course Work Fee.	
4	Extension Fee.	
5	Re-Admission Fee.	
6	M.Phil Extension Fee.	
7	Counseling Fee	
8	Any Other Fee	
	Grand Total	

Particulars/Denominations

	Rs.
2000 X	
500 X	
200 X	
100 X	
50 X	
20 X	
10 X	
Coins	
Total	

This candidate is eligible for above purpose against Sr. No. and allowed to submit fee at university cash counter.

Head of Department
 (With Seal)

Signature of Depositor

(Student Copy)
Maharshi Dayanand University, Rohtak

Date:-/...../20.....

Name of Student:.....

Registration No.

Academic Session:.....

Course Name:

Department :.....

Sr. No.	Purpose	Amount
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3	Course Work Fee.	
4	Extension Fee.	
5	Re-Admission Fee.	
6	M.Phil Extension Fee.	
7	Counseling Fee	
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Head of Department
 (With Seal)

Signature of Depositor

(Cashier copy)
Maharshi Dayanand University, Rohtak

Date:-/...../20.....

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Course Name:

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Head of Department
 (With Seal)

Signature of Depositor