

RECEIPT

Paid on :	16-10-2023	Receipt No:	11740
Name:	Aswathy E R	Admission No:	EKMA23/323
Course:	Hospital Administration 6months	Admission Date:	09-10-2023
Payment Mode:	CASH	Reference No:	
Installment:	2	Bank & Branch:	

Sl No.	Particulars		Fee Amount
1	Course Fee	Rs. 0	9000
		Fee Amount	Rs. 9000
		Total Amount	Rs. 9000

For Adi Institute
Authorized Signatory:
Date:16-10-2023 (Fee once paid will not be refundable)

Receiver's Signature