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DATE:

INSTITUTION NAME & CODE: **UNION CHRISTIAN COLLEGE ALUVA :096305300000219(1397)**

STUDENT NAME : _____ STUDENT ID.: _____ COURSE: _____ SEM: _____ MOB NO. _____ AMOUNT IN WORDS _____ _____ SIGNATURE	FEE DETAILS		DENOMINATION	
	TUITION FEE			
	SPECIAL FEE			
	TRAINING FEE			
	FINE			
	Admission fee joining time			
	TOTAL			

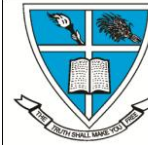
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