



**SAGAR INSTITUTE OF RESEARCH TECHNOLOGY&SCIENCE BHOPAL**

**Fee Deposit Paying Slip**

Date:

NAME.....S/O D/O.....  
 ENROLMENT NO.....BRANCE.....YEAR.....  
 AMOUNT.....PAY BY DD/CASH.....  
 D D NO.....BANK OF ISSUE.....  
 PURPOSE.....

Signature of Student

Signature of Registrar

Remarks Registrar



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