**INSTITUTION NAME**

**Address:**

**Phone No:**

**Email id:**

**SCHOOL FEE RECEIPT**

**No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Received with thanks from **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

S/O**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for an amount of Rs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

(In words**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

Towards **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** program with a duration of **\_\_\_\_\_\_\_\_\_\_\_** duly agreed by the candidate who intend to join the course which is not refundable.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student / Parent** **Receiver Signature**