

Research Centre, Pareeksha Bhavan, Mysuru - 570005, Karnataka, India

OF MYSORE

ANNUAL FEE SUBMISSION FORM

01	Name of the Candidate					
02	Subject					
03	Registration Number & Date		\sum			
04	Annual Fee for the year (Please tick the appropriate year)	First	Second		Third	Fourth
		Fifth	Extens	sion	Sixth	Seventh
05	Payment Details					
	Name of the Bank	DD No. / Cha	llan No.	DD / CI	hallan Date	Amount
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06	Address for Communication			Ð		
07	Contact Number			7		
08	Email ID				8	
09	Name of the Guide and Address	1 TY O	FM	YSU		

Place : Date :

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Signature of the Candidate

Signature of the Guide with seal

Chairman/Department/Institution Head