

Name : _____

Date : _____

Address : _____

Tel.No.: _____

To,
The Principal
Nirmala Memorial Foundation College of Comm & Sci.
Kandivali (East)
Mumbai 400 101

Sub : Application for Duplicate Fees Receipt

Respected Sir,

I, _____

undersigned studying in Class _____ Div. _____ Roll No. _____

Exam Seat No. _____ during the academic year _____ , request
you to issue a Duplicate Fees Receipt for the following purpose.

Thanking you,

Yours faithfully,

(Signature of the student)

Note : Attached Photo Copy of I-Card