

Form No. Ex-6

**KRISHNA KANTA HANDIQUI STATE OPEN  
UNIVERSITY**

Statement for payment of Examination Fees for ..... (Yr/Semester)

Examination, 20.....

**Name of the Study Centre:**

**Address:** \_\_\_\_\_ **Dist:** \_\_\_\_\_

**P.O.** \_\_\_\_\_

**Pin:** \_\_\_\_\_

**Centre of Examination:** \_\_\_\_\_

Name of Examination	No. of Candidate	Exam Fee	Mark sheet Fee	Centre Fee	Practical Exam Fee	Total

This statement must be submitted alongwith Form No. Ex.4...

Payment made vide Bank draft No.....Dated.....

For an amount of Rs. \_\_\_\_\_ (in words Rupees \_\_\_\_\_  
\_\_\_\_\_)

Dated:.....

*Coordinator*

*Countersigned by*

.....study Centre

*The Principal*