

Post Basic B.Sc(Nursing) PROGRAMME – 2020

DETAILS OF THE 1ST YEAR PROGRAMME FEE

a) Bank Name: _____ Issuing Branch : _____

b) Draft No. : _____ Date : _____

c) Amount: **Rs. 20,000/-** (*Twenty Thousand Only*)

Date:

Signature of the Candidate

Name: _____

Mobile Number: _____

Email Id _____