

Name : _____
Address : _____

Date : _____
Tel : _____

To,
The Principal
Nirmala Memorial Foundation Junior College of Com. & Sci.
Kandivali (East)
Mumbai – 400101

Subject: Application for Duplicate Fees Receipt

Respected Sir,

I, _____ undersigned
studying in Class: _____ Div: _____ Roll No. _____ for the
academic year 20____- _____, request you to issue a Duplicate Fees Receipt
for the following purpose _____

Thanking you,

Yours faithfully,

Signature of the student

Note: Please attach 1) Photo copy of I- card