

# CHARAK PARA MEDICAL COLLEGE

SESSION : 2026-27

## ADMISSION RECEIPT

**Registration :** COL2026-270009**Course :****Date :** 18-06-2026**Name :** Rohit Kumar**Father :** test1**Mother :****Mobile :** 5453453322**DOB :** 2026-06-21**Gender :** Male**Category :** SC**Religion :****Aadhaar :** 121212121212**Address :** saharapur up india**State :** Goa**District :** saharanpur**Pin :** 4132342**Income :** YES**Caste :** YES**Domicile :** YES**Aadhaar :** YES**Other :** NO**Total Fee : ₹**  
0.00**Paid Fee : ₹**  
0.00**Due Fee : ₹**  
0.00

Office Incharge