

**SHRI JAIN VISA OSWAL CLUB
NR. SHREYAS FOUNDATION,
AMBAWADI,**

FEES FORM

Directory No. : -

Form No :

Name of Student : _____

Name of Gurdian : _____

Address : _____

Age : _____ Phone No: _____ Mobile No : _____

School / college Name : _____

Standard Passed : _____ Medium : _____

Total Marks : _____ Obtained Marks _____ % : _____

Monthly Fees / Yearly Fees : Rs. _____

Guardian Sign. _____ Students Sign. _____

Date :

**Note : Please enclose True Copy of Fees Receipt .Please
Enclose Original Bill of Text Books.**

Form No :- _____

Standard :- _____

Name Of Student :- _____

Address : _____

Date :- _____

Sign. of Receiver:- _____