

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION (TIFR)

Dean's Office, HBCSE

HBCSE/DeanOffice

Date: _____

Note to HBCSE Accounts Department

Please accept payment by cash/cheque/DD no. _____

drawn on _____ (Bank and

Branch name) dated _____ amounting to Rs. _____

(_____) towards (tick appropriate box)

☐

1) Re-Registration Fees (Rs.1000/-)

☐

2) Thesis Submission Fees (Rs.4000/-)

Total Amount = _____

From _____ (Name of Student)

Department _____

Kindly credit the amount to Non-Plan A/c – Misc. receipts.

(Sugra Chunawala)

Dean, HBCSE Faculty