RETURN OF ORIGINAL DOCUMENTS

Name of Student:				
Father's Name:				
Name of College:		Cor	urse & Trade:	
Batch:	_ Semester:	Uni. Roll No.:		
I have received back fo	llowing Origina	l Documents:	X	
1				
		N. W.		
2				
3				
4				
5.				
5.			//	
6			/	
7				
8	C.	ਹੈ ਪ੍ਰਗਟ ਹਮਾਰੀ		
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10				
No other claim against	Guru Kashi Univ	versity, Talwandi Sabo, District	Bathinda	
		TAL	Signature:	
Date:	_	711		