


Academic Year : 2020 - 21
Department - Mathematics

<p>Aswathymaya M</p>	 <p>Phone No. 2475830 YEAR I / II YEAR / III YEAR</p> <p>UNIVERSITY COLLEGE THIRUVANANTHAPURAM</p> <p>Sl. No: 2430</p> <p>Name of student: Aswathymaya M</p> <p>Class and group/subject: M.Sc Maths</p> <p>Age: 25</p> <p>Ad. No. 2566</p> <p>Place of residence and complete address with telephone No./ contact No.: Charuvila puthen veedu Puthukoda kummi P.O. 952973002</p> <p>Signature of student: [Handwritten Signature]</p> <p>Signature of the Head of Department: [Handwritten Signature]</p> <p>College Seal: THIRUVANANTHAPURAM-695034</p> <p>FEE COLLECTION CARD</p> <table border="1"> <thead> <tr> <th>Instal-ment</th> <th>Rt. No. & Date of Payment</th> <th>Amount Paid</th> <th>Initials of Accountant</th> </tr> </thead> <tbody> <tr><td>I</td><td></td><td></td><td></td></tr> <tr><td>II</td><td></td><td></td><td></td></tr> <tr><td>III</td><td></td><td></td><td></td></tr> <tr><td>IV</td><td></td><td></td><td></td></tr> <tr><td>V</td><td></td><td></td><td></td></tr> <tr><td>VI</td><td></td><td></td><td></td></tr> <tr><td>VII</td><td></td><td></td><td></td></tr> <tr><td>VIII</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Students should carry this identity card with them, and this card should be produced on demand by any member of staff for verification, or for checking at the gates.</p>	Instal-ment	Rt. No. & Date of Payment	Amount Paid	Initials of Accountant	I				II				III				IV				V				VI				VII				VIII			
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<p>Avani Raj</p>	 <p>THIRD YEAR</p> <p>Year: 2020</p> <p>GOVERNMENT COLLEGE FOR WOMEN THIRUVANANTHAPURAM</p> <p>4012</p> <p>FEE COLLECTION CARD</p> <table border="1"> <thead> <tr> <th>Instal-ment</th> <th>Rt. No. & Date of payment</th> <th>Amount paid</th> <th>Initials of Accountant</th> </tr> </thead> <tbody> <tr><td>I Sem</td><td></td><td></td><td></td></tr> <tr><td>II Sem</td><td></td><td></td><td></td></tr> </tbody> </table> <p>IDENTIFICATION CARD</p> <p>Year from 2020 to 2022</p> <p>Name of Student: ANVANI RAJ</p> <p>Class: M.Sc. Computational Sci.</p> <p>Admission No.: 878/2020</p> <p>Signature of Student: [Handwritten Signature]</p> <p>Permanent Address: ASAM</p> <p>Place of Residence: CHANAMITHI</p> <p>Principal's Signature Across the Photo: [Handwritten Signature]</p> <p>Name and signature of Group Tutor with date: [Handwritten Signature]</p> <p>Signature of the Head of Department: [Handwritten Signature]</p> <p>4012</p>	Instal-ment	Rt. No. & Date of payment	Amount paid	Initials of Accountant	I Sem				II Sem																											
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I Sem																																					
II Sem																																					
<p>Bibina B</p>	 <p>ST. GREGORIOS COLLEGE KOTTARAKKARA, PULAMON- 6915311 Ph: 04742651972, Fax 0474-2650133</p> <p>ESTD - 1984</p> <p>TEMPORARY ID CARD - 2020</p> <p>Adm. No: 5658</p> <p>Name: Bibina B</p> <p>Course: M.Sc. Mathematics</p> <p>Address: Malappalli, P.O. Ayb...</p> <p>Principal: [Handwritten Signature]</p> <p>ST. GREGORIOS COLLEGE KOTTARAKKARA</p>																																				

Biji Babu

ST. JOHN'S COLLEGE ANCHAL
 (Re-accredited with A Grade by NAAO)
 Kollam Dt, Kerala
 Ph: 0475-2273326, 2275326



1. This card is issued on
 2. My
 3. Card is
 4124
 4. This card shall be returned at the time of receiving the caution Deposit.

STUDENT IDENTITY CARD

IDENTITY CARD

Ad. No. 4124, Class No.
 Name: Biji Babu
 Class: Msc, Subject: Mathematics
 Semester: I
 Date of Birth: 03/01/2000
 Blood group: A+
 Period of study 2020 to 2022
 Name & Address of Parent: Nellumodil
 Veedu, Poringalloor
 Ayaz, P.O.
 Signature of Student: Biji
 Date: 06/01/2021

FEE CARD

	Receipt No. & Date	Amount	Signature of Cashier
Sem I		20	[Signature]
Sem II			
Sem III			
Sem IV			
Sem V			
Sem VI			

Booja B J

Phone No. 2475830
UNIVERSITY COLLEGE THIRUVANANTHAPURAM
 2016-2017

I YEAR / II YEAR / III YEAR

Name of student: **Booja B J**
 Class and group/subject: **M.Sc Maths**
 Age: **2560**
 Ad. No. **2560**
 Place of residence and complete address with telephone No./contact No.: **Jaya bhavan chelakkady Kadakkal 8157070572**
 Signature of student: **Booja**
 Signature of the Head of Department: **[Signature]**
 College Seal



FEE COLLECTION CARD

Instalment	Sl.	Am. No. & Date of Payment	Amount Paid	Initials of Accountant
I		02/28/2020	600	[Initials]
II		14/11/2020		
III				
IV				
V				
VI				
VII				
VIII				


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Jesna Rahim

SREE NARAYANA COLLEGE
 Punalur - 691 305, Kerala
 Phone : 2222635

IDENTITY CARD

Ad. No. 36553, Roll No.
 Name in Full & Address: **Jesna Rahim Sajna Manzil, Anchal P.O**
 Date of Birth: **18/6/1999**
 Class & Subject: **M.Sc Maths**
 Period of Study: **2020-22**
 Sign. of the Student: **[Signature]**
 Date: **17/12/2020**
 Principal: **[Signature]**



JESNA RAHIM
 07-01-2017

When Required, If this Card is Lost, a Fresh Card will be issued on Payment only.

Merlin Johnson



ST. JOHN'S COLLEGE ANCHAL
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 Est. 1964, Ernakulam
 Ph. 0472-277526, 2775126

STUDENT IDENTITY

1. This card should be retained at all times.
 2. This card should be produced at the time of admission.
 3. This card should be produced at the time of examination.
 4. This card should be produced at the time of withdrawal.

IDENTITY CARD

Ad. No. 4123, Class No. _____
 Name: **MERLIN JOHNSON**
 Class: **Msc** Subject: **Mathematics**
 Semester: _____
 Date of Birth: **08-08-1999**
 Blood group: **B+ve**
 Period of study 20 **20** to **22**
 Name & Address of Parent: **JOHNSON**
Kannamathu House
Ozhukupazackal P.O. Agva
 Signature of Student: _____
 Date: **11/01/2020**

FEE CARD

Sl. No.	Particulars	Amount	Signature of Collector
Item I		20	[Signature]
Item II			
Item III			
Item IV			
Item V			
Item VI			

Salma S N

Phone No. 2475830

UNIVERSITY COLLEGE THIRUVANANTHAPURAM

I YEAR/II YEAR/III YEAR

Sl. No. 24810

FEE COLLECTION CARD

Name of student: **Salma S N**
 Class and group/subject: **M Sc Maths**
 Age: **17**
 Ad. No. **2562**
 Place of residence and complete address with telephone No./contact No.: **Sanku Muzil Koronda Kurumilla Kadakkal**
 Signature of student: _____
 Signature of the Head of Department: _____
 College Seal

Sl. No.	Particulars	Amount	Initials of Accountant
I	2562	60	[Initials]
II			
III			
IV			
V			
VI			
VII			
VIII			

Students should carry this identity card with them and this card should be produced on demand by any member of staff for verification, or for checking at the gates.

Saranggi Raj

GOVERNMENT COLLEGE KARIAVATTOM THIRUVANANTHAPURAM

IDENTITY CARD

Name of Student (In capital letters): **SARANGGI RAJ**
 Class, Subject: **Msc Maths**
 Academic Year: **2020-2022**
 Admission No: **6274**
 Signature of Student: _____
 Present Address with Phone No./Contact No.: **Sreevaragam, Vadamon P.O. Vadamon Anchal 860649, 5244**
 Signature of Head of the Department: _____
 College Seal

FEE COLLECTION CARD

Term	Sl. No. & Date of Payment	Amount Paid	Initial of Accountant
I	10/10/2020	600	[Initials]
II			
III			

Siji John



IDENTITY CARD		FEE CARD		
Ad. No. <u>1212</u>	Class No. _____	Receipt No. & Date	Amount	Signature of Cashier
Name: <u>Siji John</u>	Subject: <u>Maths</u>	Sem I	<u>1890</u>	<u>[Signature]</u>
Class: <u>1 MSc</u>	Semester: <u>I</u>	Sem II		
Date of Birth: <u>27/08/1999</u>	Blood group: <u>B</u>	Sem III		
Period of study: <u>20 21</u> to <u>22</u>	Name & Address of Parent: <u>Madhupala Pochattalil Anchal</u>	Sem IV		
Signature of Student: <u>[Signature]</u>	Date: _____	Sem V		
		Sem VI		

Souparnika C S



IDENTITY CARD		FEE CARD		
Ad. No. <u>4285</u>	Class No. _____	Receipt No. & Date	Amount	Signature of Cashier
Name: <u>Souparnika C S</u>	Subject: <u>MATHEMATICS</u>	Sem I	<u>50</u>	<u>[Signature]</u>
Class: <u>1 MSc</u>	Semester: <u>I</u>	Sem II		
Date of Birth: <u>19/05/2000</u>	Blood group: <u>O</u>	Sem III		
Period of study: <u>20 21</u> to <u>20 22</u>	Name & Address of Parent: <u>C. MADHUPALA POCHATTALIL ANCHAL</u>	Sem IV		
Signature of Student: <u>[Signature]</u>	Date: <u>10/02/2021</u>	Sem V		
		Sem VI		