

**Summary of APF submission and fee received for Teacher Training students  
appearing in August 2017 examination.**

**Name of Institute :**

**Mobile No.**

**Institute Code(New/old) Both :**

**Email ID of Institute :**

Sr. No.	Regular/Reappear Students	Total No. of Students (a)	Fee per Student (Rs 450/-) (b)	Total Fee (a×b)
1				
2				
3				
4				
5				
6				
Total				

1. I certify that above data has been checked and all Applications-cum-Permission Forms(APF) have been included in the excel file with status 'Yes' for those registration nos. for which Teacher Training APF forms have been received in the Institute.
2. I also certify that fee calculation is according to fee prescribed by Board's office and manual submission of fee exactly matches with fee calculation shown above and same has been checked by me.
3. I have generated fee receipt for Teacher Training from Board's website and above fee has been deposited in the nearest Bank branch as mentioned on fee receipt.
4. I will attach copy of scanned fee receipt, correctly filled excel file of data, scanned copy of this summary page and send these details to office of Board at email address [reconciliation.fees@gmail.com](mailto:reconciliation.fees@gmail.com) and [cfa1919@gmail.com](mailto:cfa1919@gmail.com). I also verify that each page of these documents has been signed and stamped by Principal of Institute.
5. I also hereby certify that all the students whose application-cum-permission forms have been included fulfill all the terms and conditions and hence fully eligible to appear in the exams.
6. In case of any mistake found/incomplete or wrong information provided, the institute will be held fully responsible.

Dated \_\_\_\_\_

**Signature of Principal (with full name in  
capital letters) along with Institute seal**