



**OFFICE OF THE REGISTRAR**  
**SATAVAHANA UNIVERSITY**

**KARIMNAGAR - 505 002 (T.S.), INDIA**

Email: registrarsatavahana@gmail.com, website: www.satavahana.ac.in

**Prof. M. VARAPRASAD**

**REGISTRAR**

**Lr.No. SU/KNR/Academic/2022-23/987**

Date: 19.11.2022.

To

All the Principals of Affiliated Colleges  
Offering Under-Graduate (NP) Courses  
Satavahana University

Sir/ Madam,

Sub: Satavahana University, Karimnagar – UG Courses – I,III,V Semester – 2022-23 –  
Submission of nominal rolls by Affiliated Colleges – Payment of various fee  
payable to the University – Reg.

\* \* \*

You are informed to remit the following fee prescribed remitted annually to the University for the Academic year 2022-23 along with the Examination Nominal Rolls.

<b>FEE COLLECTED FROM THE STUDENTS AT THE TIME OF ADMISSIONS AND PAYABLE TO THE UNIVERSITY FOR THE ACADEMIC YEAR 2022-23</b>		
S.No.	Item	Fee
1	Registration Fee (at the time of admission) <b>(Rs.60/- is to be collected from the students( I year (I Semester only) and 80% of the Rs.60/- is to be remitted to University)</b>	<b>Rs.48/-</b> (80% of the Rs.60/-) per student Registered for B.A., B.Com., B.B.A., and B.Sc. Course.
2	Student Recognition Fee (per annum) (at the beginning of every academic year i.e. I, III and V semesters)	For each student enrolled in I Year B.A., B.Com.(General) <b>Rs.250/-</b> B.Sc./B.Com.(comp)/ B.A.(comp.) and B.B.A. <b>Rs.350/-</b>
3	Student Welfare Fund	<b>Rs.20/-</b> per candidate admitted to I year during the academic year 2021-22
4	Processing Fee (at the time of admission)	<b>Rs.100/-</b> per candidate admitted into B.A., B.Com. B.B.A., and B.Sc. Course.
5	Inter-University Tournament Fee (per annum) ( at the beginning of every academic year i.e., I, III and V semester)	<b>Rs. 80/-</b> per student

The nominal rolls of the students of your college for Annual Examination, 2022-23 will be accepted by the Examination Branch, only after getting **No Dues Certificate** from the Director, Academic Audit Cell, Satavahana University and Secretary, Sports Board, Satavahana University, Karimnagar respectively.

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As such, you are requested to arrange to remit the various fee as stated above through online mode only. The amount has to be transferred to the following Accounts and submitted at the undersigned, along with the copy of the letter of group wise ceiling and admitted strength.

Items	Account Details (NEFT/ RTGS only)
<b>S.No. 1 to 4</b>	Account Name: Registrar Income Account, SU, KNR Bank Name: Union Bank, Vavilalapally Branch, Karimnagar Account Number: <b>158310100085619</b> IFSC CODE: UBIN0815837  <b>Submitted to O/o. Director, Academic Audit Cell, Satavahana University</b>
<b>S.No.5</b>	Account Name: Registrar Sports Board Account, SU, KNR Bank Name: Union Bank, Vavilalapally Branch, Karimnagar Account Number: <b>610002010008376</b> IFSC CODE: UBIN0815837  <b>Submitted to O/o. Secretary, Sports Board, Satavahana University</b>

Please co-operate with the University by remitting the payments to the University on time and avoid inconvenience to the students appearing for various University Examinations.

MVI —  
REGISTRAR

**Encl:** PROFORMA – I (Income Account), PROFORMA – II (Sports Board Account)

**Copy to:**

1. The Dean, College Development Council, SU
2. The OSD to Vice-Chancellor, SU
3. The Director, Academic Audit Cell, SU
4. The Controller of Examinations, SU with a request to accept the Examination forms from the colleges to various University Examination on production of No Dues Certificate.
5. The Assistant Registrar, SU,
6. The Secretary to Vice-Chancellor, SU
7. The In charge, SU website, SU
8. The SF

# **PROFORMA – I ( INCOME ACCOUNT)**

**(2 COPIES SHOULD BE SUBMITTED ALONG WITH COVERING LETTER TO  
O/O. DIRECTOR, ACADEMIC AUDIT CELL, SATAVAHANA UNIVERSITY)**

**AFFIX/PASTE – RECEIPT  
(IF PLACE IS NOT SUFFICIENT  
ATTACH ALONG WITH  
PROFORMA)**

Name of the College along with Code:

Mode of payment:

**only NEFT/RTEGS**

Sender Bank Account Details (sender-college):

Date of Payment:

Transaction ID:

(Receiver-University)

Receiver Account Name:

Receiver Account Number:

Receiver Bank details:

Fee (Amount) paid and Semester:

Purpose of the Fee:

<b>Type of fee</b>	<b>Fee</b>	<b>No. of Students</b>	<b>Amount Paid</b>
Reg. Fee	48/-		
Student Recognition Fee	250/-		
	350/-		
Student Welfare Fund	20/-		
Processing Fee	100/-		

**DATE:**

**SIGNATURE OF THE PRINCIPAL ALONG WITH COLLEGE SEAL**

# **PROFORMA – II      SPORTS BOARD**

**(2 COPIES SHOULD BE SUBMITTED ALONG WITH COVERING LETTER TO  
O/O. SECRETARY, SPORTS BOARD, SATAVAHANA UNIVERSITY)**

**AFFIX/PASTE – RECEIPT**

**(IF PLACE IS NOT SUFFICIENT  
ATTACH ALONG WITH  
PROFORMA)**

Name of the College along with Code:

Mode of payment: **only NEFT/RTEGS**

Sender Bank Account Details (sender-college):

Date of Payment:

Transaction ID:

(Receiver-University)

Receiver Account Name:

Receiver Account Number:

Receiver Bank details:

Fee (Amount) paid and Semester

Purpose of the Fee:

<b>Type of fee</b>	<b>Fee</b>	<b>No. of Students</b>	<b>Amount Paid</b>
Inter- University Tournament Fee	80/-		

**DATE:**

**SIGNATURE OF THE PRINCIPAL ALONG WITH COLLEGE SEAL**

**OFFICE OF DIRECTOR, ACADEMIC AUDIT CELL  
SATAVAHANA UNIVERSITY :: KARIMNAGAR**

**NO DUES CERTIFICATE**

**(Bring 3 Copies i.e. 2 for University purpose and 1 for your office record)**

- 1. Name of the College :**  
**2. College Code :**  
**3. Academic year :**

Furnish the data hereunder (i.e. course wise / medium wise)  
Student particulars with course and medium wise  
**( I Semester/ III Semester/ V Semester separate sheets)**

S.No	Each Course with Medium	Sanctioned	Exam appeared
TOTAL			

Nature of Fee	Rate per student	No. of Students	Total Amount	NEFT/ RTGS & Date	Amount	Balance Due (Cl 4-6)
1	2	3	4	5	6	7
Reg. Fee						
Processing Fee						
Student Welfare Fund						
Student Recognition Fee						

**DECLARATION**

I declare that information given above is correct to my knowledge and belief. The Academic Audit fee for an amount of Rs.\_\_\_\_\_ (Rupees. \_\_\_\_\_) transferred to **"Registrar Income Account, Satavahana University, Karimnagar"**

**DATE:**

**SIGNATURE OF THE PRINCIPAL (SEAL)**

**OFFICE OF SECRETARY, SPORTS BOARD, SATAVAHANA UNIVERSITY  
SATAVAHANA UNIVERSITY :: KARIMNAGAR**

**NO DUES CERTIFICATE**

**(Bring 3 Copies i.e. 2 for University purpose and 1 for your office record)**

1. **Name of the College** :  
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3. **Academic year** :

Furnish the data hereunder (i.e. course wise / medium wise)

Student particulars with course and medium wise

( I Semester/ III Semester/ V Semester separate sheets)

S.No	Each Course with Medium	Sanctioned	Exam appeared
TOTAL			

Nature of Fee	Rate per student	No. of Students	Total Amount	NEFT/ RTGS & Date	Amount	Balance Due (Cl 4-6)
1	2	3	4	5	6	7
IUTF						

**DECLARATION**

I declare that information given above is correct to my knowledge and belief. The Inter-University Tournament Fee (IUTF) for an amount of Rs. \_\_\_\_\_

(Rupees. \_\_\_\_\_) transferred to "Registrar Sports Board Account, Satavahana University, Karimnagar"

**DATE:**

**SIGNATURE OF THE PRINCIPAL (SEAL)**