

DELTA STATE SCHOOL OF NURSING AND MIDWIFERY ASABA, OKPANAM

Application Fee Payment Receipt

Generated on 22/01/2026

Remita Retrieval Reference (RRR)

33024358198088

PAYER INFORMATION

NAME	OBINNA OLUCHI VICTORIA
EMAIL	Obinnavictoria@gmail.com
PHONE NUMBER	+2349065591923

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT (NGN)	TOTAL (NGN)
22/01/2026	3302435819986	REGISTRATION FEE	25,000.00	00.00	200.00	25,200.00
			0.00	0.00	0.00	0.00
TOTAL PAID			25,000.00	0.00	200.00	#25,200.00
TOTAL INVOICE AMOUNT						#25,200.00
BALANCE DUE						0.00

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL

AUTHORIZATION REF.:

6678115AUL517768090998

CASH PAYMENT

BURSARY DEPARTMENT