

Department of Zoology St. Bede's College, Shimla

Student Progression Zoology 2022-23

Sr. No.	Name of student enrolling into highereducation	Program graduated from	Name of institution joined	Name of program admitted to
1.	Anushka Sharma	B. Sc. Zoology	Himachal Pradesh University, Shimla	M.Sc. Environment Science
2.	Kalpana Sharma	B. Sc. Zoology	Shoolini University	M.Sc. Biotechnology
3.	Awantika	B. Sc. Zoology	PG Govt. College for girls SEctor11 Chandigarh	M.Sc. Zoology
4.	Era Chauhan	B. Sc. Zoology	Harrisburg University of Science and Technology USA	Medical Biotechnology
5.	Chinmay Sharma	B. Sc. Zoology	Jaypee Universty of Technology	M.Sc. Microbiology



Unique Reference No :



Himachal Pradesh University
Admission Fee 2023-2024
Department of Interdisciplinary Studies
M.Sc (Environmental Science)

1. Name :

ANUSHKA KAPOOR

2. Registration No.:

432143801

3. Father Name:

PRAKASH KAPOOR

4. Year/Semester:

FIRST

5. Fee Amount:

2440.00

6. Transtation ID:

ADMPG-1-926289

7. Bank Reference No:

320936038768

8. Date:

28/07/2023

Student Copy



A Top QS Ranked University

Shoolini University

FEE RECEIPT

06/07/2023

Dear Kalpna Sharma,

Thank you for making the 1750.00 payment towards your Application fee at Shoolini University. Kindly note that this payment is received against your application no. PGD202348035.

Please note other important details:

Student Mobile:	+91-8278756672
Student Specialization:	MSc Biotechnology
Student E-mail:	skalpna719@gmail.com
Father's Name:	Vishwa Dev Sharma
Payment Type:	Online
Online transaction mode:	DEBIT CARD
Online transaction ID:	230706154240367

In case you have any queries, kindly reach out to your admissions counsellor or write to us at accounts@shooliniuniversity.com.

This is system generated receipt and does not require signatures.



e-Payment Receipt

Receipt Date 08/08/2023

Name AWANTIKA

College Post Graduate Govt. College for Girls Sector- 11 (PGGCG-11)

Roll No 15061/23

Stream MSc Zoology- I

Amount 16531

Transaction Id YHD42030116287



Department of Zoology St. Bede's College, Shimla

Department of Homeland Security U.S. Immigration and Customs Enforcement I-20, Certificate of Eligibility for Nonimmigrant Student S OMB NO. 1653-0038

SEVIS ID: N0034300543

SURNAME/PRIMARY NAME

PREFERRED NAME

COUNTRY OF BIRTH

CITY OF BIRTH

FORM ISSUE REASON INITIAL ATTENDANG

GIVEN NAME

PASSPORT NAME

COUNTRY OF CITIZENSHIP

DATE OF BIRTH

ADMISSION NUMBER

ACADEMIC AND LANGUAGE

Class of Admission

SCHOOL INFORMATION

SCHOOL NAME

Harrisburg University of Science & Technology Harrisburg University of Science & Tech

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

International Student Coordinator/DSO

SCHOOL ADDRESS

et, Harrisburg, PA 17101

SCHOOL CODE AND APPROVAL DATE

PHI214F02099000 06 MAY 2008

PROGRAM OF STUDY

PROGRAM ENGLISH PROFICIENCY

EDUCATION LEVEL

MAJOR 1 Biotechnology 26.1201

ENGLISH PROFICIENCY NOTES

Student is proficien

PROGRAM START/END DATE

START OF CLASSES

MAJOR 2 None 00.0000

EARLIEST ADMISSION DATE

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS STUDENT'S FUNDING FOR: 12 MONTHS Tuition and Fees 17,040 Personal Funds

16,040 Living Expenses 10,000 Funds From This School Expenses of Dependents (0) Family Sponsor 11,000 Other On-Campus Employment TOTAL 27.040 TOTAL 27.040

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for a mission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X

DATE ISSUED

PLACE ISSUED

SIGNATURE OF: Ryan Farrell, International Student Harrisburg, PA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

x			
SIGNATURE OF: Era Chauhan		DATE	
	X	W 12	30
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

ICE Form I-20 (04/30/2021)

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