

RECEIPT

Date.....

I am (Mr./Mrs./Ms.).....
 Address.....

.....
 Received from the Faculty of Associated Medical Sciences, Chiang Mai University
 for the following item(s) -

| Item(s) | Amount (BAHT) | |
|---|---------------|-------------------|
| Financial Support for Thesis/Dissertation, Times; Student's Name..... Student ID No. Studying in Program in | | |
| Sum Amount (Text) | | Sum Amount (BAHT) |

(Signature)..... Receiver (Student)
 (.....)

(Signature)..... Treasurer
 (.....)

NOTE: A copy of the Passport verifying true copy of original is required

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