



## APPLICATION OF FEE CONCESSION

### PARTICULARS OF THE APPLICANT

- Name: \_\_\_\_\_
- Contact No (PTCL) : \_\_\_\_\_ Mobile No: \_\_\_\_\_
- Father/Guardian's Name: \_\_\_\_\_
- Degree/Class: \_\_\_\_\_ Session: \_\_\_\_\_  
Discipline/Department: \_\_\_\_\_ Faculty: \_\_\_\_\_
- Present Address: \_\_\_\_\_
- Permanent Address: \_\_\_\_\_
- Monthly Income of Father/Guardian Rs. \_\_\_\_\_ Occupation \_\_\_\_\_
- Other Source of Income( If any): \_\_\_\_\_
- Residence: Owned/ Hired: \_\_\_\_\_ Rent( per month): \_\_\_\_\_
- Total No of Family Members: \_\_\_\_\_ No of Siblings studying: \_\_\_\_\_
- Any Scholarship received Previously: Yes/ No: \_\_\_ If Yes Detail: \_\_\_\_\_
- % Of Marks Obtained: Metric: \_\_\_\_\_ FA/F.Sc: \_\_\_\_\_ BA/B.Sc/BS \_\_\_\_\_
- Reason of Applying Fee Concession: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

Dated: \_\_\_\_\_

### For Office Use only

- It is hereby certified that Ms. \_\_\_\_\_

D/O \_\_\_\_\_ Interviewed by \_\_\_\_\_ on \_\_\_\_\_

and found deserving/ Non deserving \_\_\_\_\_% fee concession is recommended subject following the rules.

\_\_\_\_\_  
*Signature of Incharge Fee Concession*

\_\_\_\_\_  
*Signature & Stamp*  
*Chairman/Head/Incharge of Department*