

**FEE WAIVER FORM**

NAME :

PROGRAMME :

SCHOOL :

SEMESTER :

ENROLMENT NUMBER :

CATEGORY :  
(General Category /SC/ST/PwBD/OBC)

COMBINED GROSS FAMILY ANNUAL INCOME (as per document furnished) :

FATHER'S NAME, OCCUPATION &amp; OFFICE ADDRESS :

MOTHER'S NAME, OCCUPATION &amp; OFFICE ADDRESS :

CONTACT NUMBER :

AUD STUDENT EMAIL ID :

I belong to SC/ST/PwBD/OBC/General category, and, I hereby certify that the family income disclosed by me is the combined family annual income. If at any stage, it is found that I have furnished wrong information and/or submitted false certificate(s), I am aware that my admission stands cancelled and fees paid by me will be forfeited. Further, I will be subject to legal and/or penal action as per the provision of the law.

Date:

Place:

Signature of the Applicant