

PANJAB UNIVERSITY CHANDIGARH

Application for exemption from payment of tuition fee to (wards/dependent) of a confirmed University Employee.

NOTE: FEE CONCESSION FORM WILL BE SUBMITTED TO THE ACCOUNTS BRANCH BY 30th November AT THE LATEST.

Particulars of University Employee

Name _____

Designation _____

Deptt. /Branch _____

If Self-studying (Class/Deptt.) _____

Particulars of other dependents (If studying in the University Teaching Deptt./D.C.S./ University College)

(i) _____

(ii) _____

(iii) _____

I hereby declare that the particulars given by me/my dependent are correct.

Signature of the University Employee with date

Head of the Department

Particulars verified

Particulars of Dependent Son/Daughter/Wife

Name (with relation) _____

Deptt. /Branch _____

Class _____ Roll No _____

I hereby declare that the particulars given above are correct.

Signature of the Student with date _____

Particulars verified. _____

Head of the Department

FOR OFFICE USE ONLY

_____ Son/Daughter/Wife of Sh./Smt _____ is a student of _____ Class in the _____ Deptt. for the session _____. He/She may be exempted from payment of full/half tuition fee for the session _____ as per decision of the Syndicate dated 16.5.1987.

Asstt./O.S.A.

A.R.A./D.R.A.

F.D.O./D.U.I.