CAIAS
CHRIST ACADEMY
INSTITUTE FOR ADVANCED STUDIES

Date: ___ / ___ / _____

To,

The Joint Director / Office In-Charge
Christ Academy Institute for Advanced Studies - Bengaluru

Subject: Application for Fee Concession

Respected Father/Sir,

I _____, studying in the _____ Year of _____(Course), bearing USN/Admission No. _____, respectfully request you to kindly consider my application for a fee concession for the academic year _____.

The reason for requesting the fee concession is:

_____

_____

_____

_____

I kindly request you to consider the above and grant a suitable concession.

Thank you.

Yours faithfully,

Student Name: _____

Course & Year: _____

USN/Admission No.: _____

Mobile No.: _____

Student Signature: _____

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Terms & Conditions

- **Validity:** The approved fee concession is strictly valid for the current academic year only.
- **Academic & Conduct Standing:** The institution reserves the right to revoke the concession if the student fails to maintain satisfactory attendance, academic performance, or breaches institutional discipline.
- **Financial Obligations:** The remaining portion of the fees must be cleared within the designated deadline set by the institution.

Parent / Guardian Consent & Declaration

I hereby give my full consent to my ward to apply for this fee concession. I confirm that the details furnished above are accurate and truthful to the best of my knowledge. I undertake the responsibility to ensure that all remaining fee dues are paid within the stipulated time.

Parent/Guardian Name: _____

Phone Number: _____

Signature of Parent/Guardian: _____

Recommendation of HOD

Remarks: _____

Name & Signature of HOD: _____

******** For Office Use Only ********

Status: Approved / Not Approved

Concession Granted Amount / Percentage: _____

Remarks: _____

Joint Director - Administration

Signature & Seal