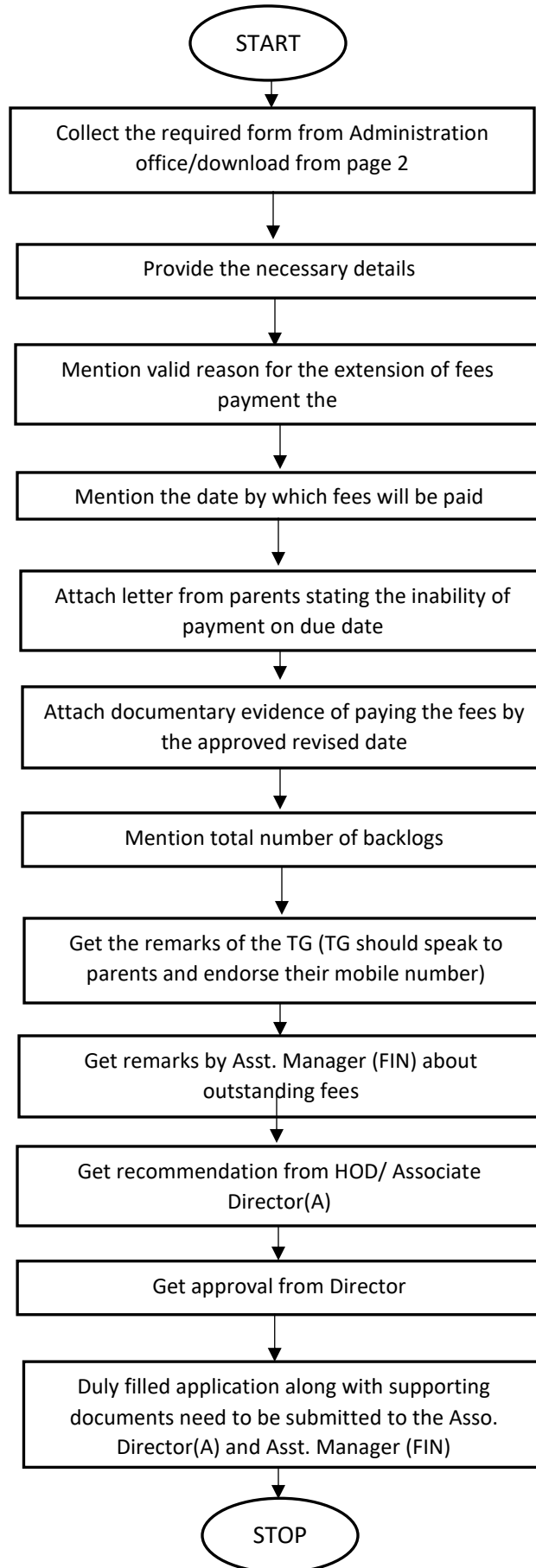


EXTENSION TIME FOR FEES PAYMENT



For any assistance contact Asst. Registrars, SMIT

1. Mr. Saumya Das (7076566858/ asstregistrar.admin@smit.smu.edu.in)
2. Mr. P.M. Pradhan (8984212456/ asstregistrar.acad@smit.smu.edu.in)
3. Mr. Ishwer Shivakoti (8768231697/ asstregistrar.compliance.smit.smu.edu.in)



APPLICATION FORM FOR EXTENSION TIME FOR FEES PAYMENT
(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:
6. (i) Valid reason(s) for requesting the extension for fess payment.
.....
.....
(ii) Date by which the Fees will be paid:/...../.....
7. Supporting Documents attached.
(i) Letter from parents stating the inability of payment on due date: Yes/No
(ii) Documentary evidence of paying the fees by the approved revised date: Yes/No
8. Total nos. of backlogs:
9. Signature of the student: Date:/...../.....
10. Remarks of the TG after speaking to parents endorsing mobile No. of Parent.....
.....
.....
.....
11. Remarks by ASST. MANAGER (FIN) about outstanding fees if any:
12. Recommended by HOD/ Associate Director (A)*:Date:.....
13. Approved by Director:Date:
14. **Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) and the ASST. MANAGER (FIN) for record and further actions.[Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270, FE: 330, 226]**

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

* Associate Director (A) only for 1st. year students and HODs for Higher semester students.