



Partial Payment/Partial Exam Application

Name of Student: _____ Registration No.: _____

Department.: _____

Past Fee Paid: _____ Past Fee Remaining _____

Manager/Officer CMS Signature

Partial Fee Payment

For Semester: _____ Outstanding Amount Rs: - _____

For: _____ Partial Payment Rs: - _____

Subject applied for against partial payment

1. _____
3. _____
5. _____

2. _____
4. _____
6. _____

Student Signature

Recommendation of Chairman

Chairman Signature

Recommendation of Dean Concerned

Dean's Signature

CMS

CMS Incharge Sign

Chairman Department Concerned

Chairman Sig

Copy to: -

1. Student P/F
2. Superintendent Hall