

**PROFORMA FOR "FEE STRUCTURE"****PARTICULARS TO BE FILLED BY THE STUDENT**

1. CMS ID # : \_\_\_\_\_
2. Session : \_\_\_\_\_
3. Name : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_
5. Faculty : \_\_\_\_\_
6. Semester : \_\_\_\_\_
7. Program of Study : \_\_\_\_\_
8. Contact #: \_\_\_\_\_
9. Reason for obtaining fee structure \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Student

**VERIFICATION FROM DEPARTMENT CHAIRPERSON**

Certified that Mr/Ms \_\_\_\_\_ is studying in the department of \_\_\_\_\_ Faculty of \_\_\_\_\_. The particulars of the student has been checked and found correct. His/Her proforma is recommended for issuance of bonafide certificate as per the University rules.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature & Stamp  
of Chairperson**FOR OFFICE USE ONLY****(ASSISTANT REGISTRAR, (STUDENTS & ACADEMIC AFFAIRS))**

Remarks : \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Application form received on : \_\_\_\_/\_\_\_\_/20..... Certificate issued : Yes/ No (if Yes)

Date of issue : \_\_\_\_/\_\_\_\_/20 ..... (if No); Reason \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_