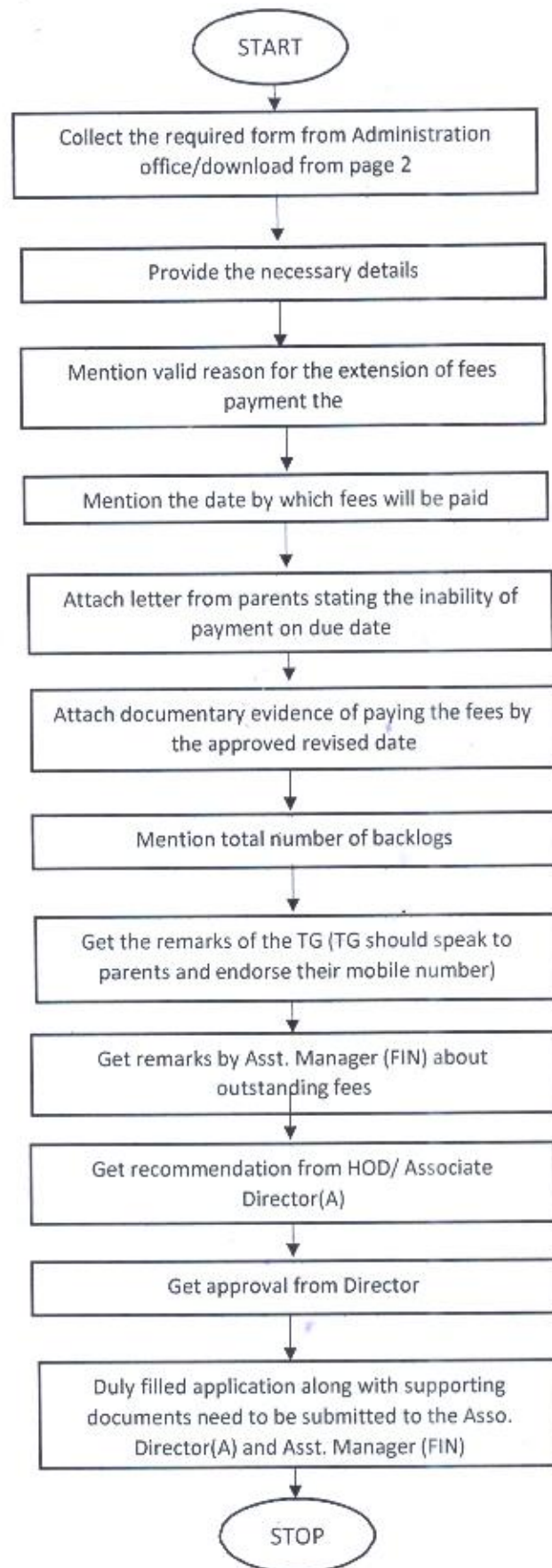


## EXTENSION TIME FOR FEES PAYMENT



For any assistance contact Deputy Registrar & Asst. Registrars, SMIT

1. Dr. Amrita Biswas  
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2. Mr. Ishwer Shivakoti (8768231697/  
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asstregistrar.compliance.smit.  
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**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 sha ll 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 1<sup>st</sup>. year students and HODs for Higher semester students.