

BITS, PILANI- K. K. BIRLA GOA CAMPUS

Date: _____

To
The Director
BITS Pilani- K. K. Birla Goa Campus

Sir,

I _____ (GPSRN _____) Department/Division _____

Designation _____ request you to reimburse tuition fees paid by me for the child as furnished below :-

Child particulars :

1. Name : _____ Male / Female, Date of Birth _____

2. Class : _____, Academic Year: _____
School / College _____

3. Class Previously passed _____, Academic Year _____
School / College _____

(Copy of previous year's Progress Report to be attached in case of child studying in class VII to XII)

Annual Fee Structure

For Pre School

Class	
Admission Fees (including Registration Fees)	
Annual Tuition fees	
Development fees	
Magazine Fees	

For Class I to XII

Class	
Admission Fees (including Registration Fees)	
Annual Tuition fees	
Examination fees	
Magazine Fees	
Science fees	
Computer fees	
Development fees	

(Applicant Signature)

Forwarded by Controlling Officer

For Office Use

Verified particulars of applicant and their wards, admissible amount for reimbursement: Rs. _____

Date _____

Assistant Registrar

_____ is sanctioned as reimbursement of tuition fees.

Date: _____

Director, BITS Pilani- K. K. Birla Goa Campus