

| INDIAN SCHOOL DARSAIT | | | | | | |
|---|--|-------|-------|--------------|---------------|------------|
| P.B.1551, PC-114, JIBROO | | | | | | |
| SULTANATE OF OMAN | | | | | | |
| Tel: 24786693/ 24783995 | | | | | Fax: 24701158 | |
| <u>APPLICATION FOR COVID-19 FEE CONCESSION - 2020</u> | | | | | | |
| 1. Name of the Applicant: | | | | | | |
| 2. Profession:..... | | | | | | |
| 3. Tel.No.(O) (R)(GSM)..... | | | | | | |
| 4. Name of the Employer: | | | | | | |
| A.DETAILS OF CHILD/CHILDREN STUDYING IN SCHOOL | | | | | | |
| Sl.No. | Name of the children studying in School | GR.No | Class | Div | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| B. INCOME OF THE FAMILY. | | | | | | |
| a) | Total Monthly Earnings of the Applicant (<i>Including HRA and all other Allowance</i>) | | | | RO | |
| b) | Total Earnings of Spouse, if employed | | | | RO | |
| c) | Any Other Income | | | | RO | |
| | Total Income of the Family | | | | RO | |
| C. INCOME AFFECTED BY COVID-19 (Please ✓) | | | | | | |
| (a) | I am a business man and my business was closed from _____ to _____ (Write the month) | | | | | |
| (b) | I am employed and my salary was deducted by _____% from _____ to _____ (Write the month) | | | | | |
| (c) | My Spouse is employed and the salary was deducted by _____% from _____ to _____ (Write the month) | | | | | |
| (d) | Total Income of the Family is reduced by _____% from _____ to _____ (Write the month) | | | | | |
| (e) | Any Other deduction (Please mention) | | | | | |
| Note: You have to submit as proof for the above- Bank statement/Salary certificate/Wage slips/Sponsor's letter/Self affidavit) | | | | | | |
| D. DETAILS OF FEE OUTSTANDING AS ON 30TH SEPTEMBER 2020. | | | | | | |
| Sl.No. | Name of the Child | GR No | Class | 2019-20 (RO) | 2020-21 (RO) | Total (RO) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| E. EXPECTATION FROM THE SCHOOL | | | | | | |
| | I would like to request the SMC to help me in: | | | | | |
| (a) | A concession of _____% on gross school fees and I will clear the dues before 30th November 2020 and pay fees of subsequent months on time. | | | | | |
| (b) | Extending the school fee payment till _____ without concession. | | | | | |
| DECLARATAION | | | | | | |
| Certified that the above details are true and if they are found otherwise at a later date, the concession granted to me may be withdrawn. | | | | | | |
| | | | | | | |
| | Signature | | | | | |
| | (Name of Parent) | | | | | |

FOR OFFICE USE

Concession Granted/Not Granted

| Sl.No. | Name of the Child | GR.No | Class | Concession Granted (%) | Remarks |
|---------------|--------------------------|--------------|--------------|-----------------------------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Signature

(President of the SMC)