## **FEE REMISSION FORM**

## INDIAN INSTITUTE OF TECHNOLOGY (BANARAS HINDU UNIVERSITY), VARANASI

## DECLARATION OF INCOME FOR FEE REMISSION FOR THE ACADEMIC YEAR 2025-26

[Only for the General/ General-EWS/ OBC-NCL category candidates, except SC/ST/PwD]

(This form needs to be completed and signed by all living parent(s). If any one parent is not alive, the word 'Late' may be prefixed to that parent's name in the concerned field marked \* below. In case parents are not alive, guardian may fill the form in concerned field. Student concerned is also required to sign and date both pages of this form. Declaration, that is incomplete or unsigned or without required self-certified enclosures may not be accepted.)

We/I,			[fathe	er*] and	
	[mother*]/			[guardian <i>(in c</i>	ase
	s are not alive)] of				
	s admitted in				
	declare that our/my annual				
	s (in figu		_	·	
	o (go			( 110.00).	
knowl remiss	further declare that the ab edge and if it is found at ion sanctioned could be wi en against us/me and/or ou	any stage that the i thdrawn and/or reco	nformation given vered from me ar	n by us/me is false, the	fee
Father	's signature with date	Mother's signature	with date	Guardian's signature with a	
Father	's declaration –				
1	<u> </u>	/f a t la a	"\ <b>f</b> th.ada.alaa	414-	
ı а)	(father) further declare that:				
	I am self employed and have the following business/profession				
	operating from				
	(complete address).				
b)	I am employed as	(designa	ation) with		
	(name of employer) which is a government/public/private organization and my				
	workplace address is				
	(Please enclose self-certified copy of latest Form-16 issued by your employer.)				
c)	I am not/am an income tax payee. (Please enclose self-certified copy of Income Tax Return (ITR) alongwith an Acknowledgement for the financial year ended on 31.03.2025 received from the Income Tax Department or Valid Income Certificate. In case the same is not available on the date of submission of this form, the fee remission shall only be provisionally allowed and subject to confirmation on receipt of the above document before 24th July 2025.)				
d)	My Permanent Account N				
	(Please enclose self-certified photoco				
e)			Please enclose self-certi	ified photocopy of your Aadhar car	d)/
٤/	do not have any Aadhar no		f my knowlodgo ond	Lif it is found at any stage that	t tha
f)	The above information given by me is true to the best of my knowledge and if it is found at any stage that the information given by me is false, the fee remission sanctioned could be withdrawn and/or recovered from me and/or legal action, as deemed fit, may be taken against me and/or my ward.				
	Date:			Signature of Father	

## Mother's declaration -(mother) further declare that: a) I am self employed and have the following business/profession \_\_ operating from \_\_\_\_\_ (complete address). b) I am employed as \_\_\_\_\_ (designation) with \_\_\_\_\_ (name of employer) which is a government/public/private organization and my workplace address is (Please enclose self-certified copy of latest Form-16 issued by your employer.) c) I am not/am an income tax payee. (Please enclose self-certified copy of Income Tax Return (ITR) alongwith an Acknowledgement for the financial year ended on 31.03.2025 received from the Income Tax Department or Valid Income Certificate. In case the same is not available on the date of submission of this form, the fee remission shall only be provisionally allowed and subject to confirmation on receipt of the above document before 24th July 2025.) d) My Permanent Account Number (PAN) issued by the Income Tax Department is (Please enclose self-certified photocopy of your PAN card)/ I do not have any PAN number. e) My Aadhar number is \_\_\_\_\_ (Please enclose self-certified photocopy of your Aadhar card)/ I do not have any Aadhar number. f) The above information given by me is true to the best of my knowledge and if it is found at any stage that the information given by me is false, the fee remission sanctioned could be withdrawn and/or recovered from me and/or legal action, as deemed fit, may be taken against me and/or my ward. Signature of Mother **Guardian's declaration** (In case parents are not alive) – \_\_\_\_\_ (guardian) further declare that: a) I am self employed and have the following business/profession \_\_\_\_\_\_ operating from \_\_\_\_\_ (complete address).

operating from \_\_\_\_\_\_\_ (complete address).

b) I am employed as \_\_\_\_\_\_ (designation) with \_\_\_\_\_\_\_ (name of employer) which is a government/public/private organization and my workplace address is \_\_\_\_\_\_.

(Please enclose self-certified copy of latest Form-16 issued by your employer.)

c) I am not/am an income tax payee. (Please enclose self-certified copy of Income Tax Return (ITR) alongwith an Acknowledgement for the financial year ended on 31.03.2025 received from the Income Tax Department or Valid Income Certificate. In

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  d) My Permanent Account Number (PAN) issued by the Income Tax Department is
- (Please enclose self-certified photocopy of your PAN card)/ I do not have any PAN number.
- e) My Aadhar number is \_\_\_\_\_ (Please enclose self-certified photocopy of your Aadhar card)/ I do not have any Aadhar number.
- f) The above information given by me is true to the best of my knowledge and if it is found at any stage that the information given by me is false, the fee remission sanctioned could be withdrawn and/or recovered from me and/or legal action, as deemed fit, may be taken against me and/or my ward.

Date:	Signature of Guardian			
1,	(student) declare that I have Aadhar no.			
(Please enclose self-certified photocopy of your Aadhar card)/ I do not have any Aadhar number.				

Signature of Student