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Fee Concession Form

(To be used by a faculty member of DITU)

	Date:
To,	
The Vice Chancellor DIT University, Dehradun-248009	
Name of Student:	
School & Department:	
Registration No.:	
Date of Registration:	
SAP ID:	
E-mail:	
Mobile No:	
I,	
Signature of Research Scholar	
Recommen	ded by Head of the Department
Recommended by Dean Research & Consultancy	

Approved by Vice Chancellor/Pro Vice Chancellor