



Birla Institute of Technology & Science, Pilani
Hyderabad Campus

TEACHING ASSISTANTSHIP **FEE WAIVER** APPLICATION FORM

Date:

To,
Associate Dean
Academic-Graduate Studies and Research Division
BITS Pilani, Hyderabad Campus

Sub: Higher Degree **Fee waiver** for the month of.....

Dear Sir,

As per details given below, I am working as a Teaching/Technical Assistance (TA).....
Department / Division.

A/c. Head: Higher Degree **Fee Waiver**

1. Name :
2. ID Number :
3. Semester: I / II Academic Year :
4. Name of the Supervising Faculty :
5. Mobile No. :
6. Bank Account details :

Bank Account Number	IFS Code	Branch Name

Signature of the HDTA

Supervising Faculty's Recommendation:

1. Contribution is satisfactory considering 8 hours of work per week and hence recommend full **Fee waiver** (Yes/No):
2. Contribution is not satisfactory hence recommend 75% / 50% / 25% / 0% **Fee waiver:**

Signature of the supervising faculty

Signature of the Head of the Department