INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL CENTER DELHI-2

Proforma for claiming Fee Grant

Study Center Code: _____ Name of Study Center: _____

Academic Year: _____ Bill for FIRST/SECOND/THIRD Instalment

Program	No. of students*	Fee per student	Total Fee	%age of fee share	Amount of fee share	Amount claimed	Amount paid
Total							

* **Copy of student allotment letter received from Regional Center attached.**

(Signature of the Coordinator
with seal of the Study Center)

Date: …….

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