

**ST JOSEPH'S UNIVERSITY**  
**INSTALMENT REQUEST FORM**

Date:     /     /

From,

Name:

Register No:

Course:

Shift:

St Joseph's University, 36 Lalbagh Road, Bengaluru-560027, Karnataka, India

To

The Finance Officer

St Joseph's University, 36 Lalbagh Road, Bengaluru-560027, Karnataka, India

**Sub: Request to Pay Fee in Instalment**

I \_\_\_\_\_ would like to avail the instalment facility to pay the annual fees. The reason for seeking this facility is \_\_\_\_\_. (Be specific in mentioning the reason; financial difficulty, difficulty paying, etc. are unacceptable reasons).

- Total Fee for the current Year:

No. of Instalments	Date of Payment	Amount	
I			
II			
III			

**\*Terms and Conditions:**

1. Instalment request will be enabled only after the Finance Officer's Approval.
2. Instalment will be permitted for the current academic year only.
3. Instalment request will not be approved, if previous year fee is pending.
4. Failure to pay fee within the deadline will result in a penalty of Rs 5000/, withholding the hall-ticket and semester results.
5. This facility can be withdrawn if the details shared are found to be not true or for any misuse.

I have read and understood the terms and conditions.

Thank you

Yours Obediently

.....  
Student's signature

.....  
Parent's signature

**After filling in the details this form is to be submitted at Counter no 4 in the admin office**