ANANTH CENTRE FOR LEARNING & DEVELOPMENT

A-2, Shaheed Jeet Singh Marg, Qutub Institutional Area, New Delhi 110016

**FORM FOR SEEKING CONCESSION IN SCHOOL FEES & OPD THERAPY CHARGES FROM 01.04.22 TO 31.03.23**

Name of Child:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Class**\_\_\_\_\_\_\_** Age:**\_\_\_\_\_\_**

Sex: Male / Female. Aadhar No:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Intellectual Disability %**\_\_\_\_\_\_\_\_\_\_** I.D. Certificate dated**\_\_\_\_\_\_\_\_\_\_\_\_\_** I.D. Certificate Issuing Authority**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name & Age of siblings**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Class & name of School/ College in which they are studying **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Whether siblings are special children or normal**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mother’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address(Office)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address(Residence)\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Distance from school : Residence\_\_\_\_\_\_\_\_\_\_\_\_ km. Bus Service Required or not**\_\_\_\_\_\_\_\_\_\_**

Whether services of Assistant / Helper required or not - Yes / No. If Yes, will the Assistant / helper be provided by you? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is the child under medication? Yes / No. If yes, the name of medicines and their timing of administration**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of previous School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Letter from previous School stating fees being paid and concessions, if any, allowed**\_\_\_\_\_\_\_\_**

No of years the child is studying in Ananth Centre for Learning & Development**\_\_\_\_\_\_\_\_\_\_\_\_**

Annual Income of Family: **\_\_\_\_\_\_\_\_\_\_\_\_** per annum. Proof of Income**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount of Fees / Therapy Concession required**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please state / justify as to why concession should be given to your child:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Date: Signature of Parent

Please enclose copy of Aadhar Card and I.D. Certificate of the child. The request will not be processed in its absence.

ANANTH CENTRE FOR LEARNING & DEVELPMENT

A-2, Shaheed Jeet Singh Marg, Qutub Institutional Area, New Delhi 110016

NOTE FOR PROCESSING THE REQUEST FOR FEES / THERAPY CONCESSION

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_ Sex: Male / Female Aadhar No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Income:\_\_\_\_\_\_\_\_\_\_\_ per annum. Amount of Concession requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Concessions already given this month- No\_\_\_\_\_\_\_\_\_ Amt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Is Fees / Therapy concession in this case justified?

Remarks of

Manager

Acc./Admin.

Remarks of

Principal /

Therapy Cor.

Remarks of

Director

Remarks of

Trustee

**FEES CONCESSION ALLOWED / NOT ALLOWED. IF YES, THEN AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Approving Authority)

TRUSTEE

**TOTAL FEES/THERAPY CONCESSIONS ALLOWED IN THIS MONTH, INCLUDING THE PRESENT CASE-**

**NO\_\_\_\_\_, (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**AMOUNT\_\_\_\_\_\_\_\_\_\_, (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**