(To be filled by the head of the institution)			
1.	Name of the Student		
2.	ESM Details (Army No, Rank , Name)		
3.	Name and address of the institution	:	
4.	Whether Govt Institution or an Institution recognized by Government or other competent authority: give details.	:	
5.	Course in which the student is studying and Year/Semester		
6.	Whether the Course is recognized by Medical Council of India/All India Council   for Technical Education or a competent regulatory body as a professional/ Technical/Vocational Course; give details		
7.	Details of Fees to be paid by the student for the current academic year (Rates approved by the Government are to be quoted)		
	(a)Tuition Fee	:	
	(b) Examination Fee	:	
8.	Whether the student was selected for the course under Merit/Payment/NRI quota basis etc	:	

Place: (Office Seal) Name and Designation and Signature
Date: of the head of the institution