

# RAIGANJ UNIVERSITY



Dr. Durlav Sarkar  
Registrar

OFFICE OF THE REGISTRAR

P.O. RAIGANJ  
DIST. UTTAR DINAJPUR  
WEST BENGAL  
PIN - 733134  
INDIA  
Tel. No. : 03523 - 244039  
Fax No. : 03523 - 242580


Ref No: R-107/2020

Date: 22.06.2020

## URGENT NOTIFICATION


This is to notify to all concerned that the last date of application of Waive of Fees / Late Payment / Instalment Payment for various semester fees in connection with the earlier notification Ref No. R-097/2020, dated: 31.05.2020 has been extended up to 26/06/2020.

1. To fill up the Google Form:  
<https://docs.google.com/forms/d/e/1FAIpQLSeTSZSSPvwBXikNqnUypkXW441IG4L-KXJqhjHWwyuYgJ2oMg/viewform?vc=0&c=0&w=1>
2. To fill up the Application form attached with this Notice and send this filled up Application form to the 'Office of the Registrar, Raiganj University, Raiganj, Uttar Dinajpur- 733134' within 26/06/2020.
3. Students who are unable to appear to submit the hard copy to the University campus may send their scanned prescribed Application format to the [frc.raivniv@gmail.com](mailto:frc.raivniv@gmail.com)

  
Registrar,  
Raiganj University  
Raiganj University

Copy to:

1. The Hon'ble Vice Chancellor, Raiganj University
2. All other concerned of University
3. Systems and Support Officer, Raiganj University for circulating and website uploading.
4. Guard File

  
Registrar,  
Raiganj University  
Raiganj University

## Application Format

(to be sent to the Office of the Registrar by Hard copy within 20.06.2020)

To  
The Registrar  
Raiganj University  
Raiganj, Uttar Dinajpur- 733134

Date: .....

**Subject: Application for Waive of Fees / Late Payment / Instalment Payment of fees**

Respected sir,

I ....., a student of.....  
Semester.....bearing Registration Number.....,  
Roll No....., Academic Session....., having \*BPL Card  
Number / Ration Card number....., Mobile  
Number..... address for  
Correspondence.....  
..... would like to apply for waive of Semester Fees  
/ Late Payment of Semester Fees / Instalment Payment of Fees due  
to.....  
....., occupation of  
parents.....  
Kindly allow the same and oblige.

Yours faithfully

Name:.....

Dept Name:.....

Semester.....

Mobile Number.....

email (optional) .....