

F. No: SU/R/2021/908-9

Date:08.04.2021

[Dr V F Gupta]

To

DR.SARITHA GOLLA
PLOT NO.-4,UDYOG NAGAR 1ST LINE
GUJJANGUNDLA CURRENT OFFICE
PEDAPALAKALURU,
GUNTUR,ANDHRA PRADESH

Subject: Fee Waiver Scheme

After going through your application for fee waiver the committee has recommended 10% fee waiver on your fee.

SI No	Name of the Student	Course	Batch	% of Discount	Amount of Discount
1	DR.SARITHA GOLLA	MDS PEDODONTICS	2020-2021	10	15000

Copy to

1. Finance Officer

