

**3.16 Format for forwarding continuation of fee waiver and / or Institute fellowship**

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, \_\_\_\_\_ CAMPUS**

**DEPARTMENT OF \_\_\_\_\_**

Date:

To,  
Associate Dean, AGSRD,  
BITS Pilani, \_\_\_\_\_ campus.

We are forwarding herewith the recommendations for continuation of fee waiver and/or Institute fellowship for following candidates for your kind perusal and necessary action. The recommendation forms for these candidates are attached herewith.

Sr. No.	ID. No	Name of the candidate

(Name) \_\_\_\_\_

(DRC Convener)

Date:

(Name) \_\_\_\_\_

(HOD)