



INDIAN SCHOOL MUSCAT
P.O. Box 2470, P.C. 112
SULTANATE OF OMAN
Phone: 24702567 Fax: 24794919
Email: ismoman@omantel.net.om



APPLICATION FOR FEE CONCESSION (2020-21)

Name of the Applicant: Profession:

Email: Tel No (O)..... G.S.M.....

Passport No: Residence Card No: Res. Card Expiry date:

Residence Location: Area: Way No..... Bldg. No..... Flat/Room No:

Name of the Company: Type of Business: Gross Salary:

Name & Contact No. of the immediate Supervisor/Manager of the Company:

Name & Contact No. of the friend or colleague in the company:

Is your Spouse is working: Yes/ No If Yes, Please provide the following details regarding your spouse.

Name of the Company: Type of Business: Gross Salary:

Name & Contact No. of the immediate Supervisor/Manager of the Company:

Name & Contact No. of the friend or colleague in the company:

Sl. No.	Name of child studying in ISM	Class & Section (2020-21)	Gr. No.	% of Marks in 2019-20	Please Specify any Fee Dues for the year (2019-20)

Earnings of the Applicant: (Please ✓)

(a)	TOTAL GROSS SALARY : (To be supported by certificate from the Employer as shown overleaf)	R.O.
(b)	Whether accommodation is provided. If Yes, rent amount paid to the landlord by your employer	Yes / No R.O.
(c)	Whether House Rent Allowance is provided. If Yes, amount of H.R.A being received.	Yes / No R.O.
(d)	Whether you are paying rent for your accommodation. If Yes, amount of the rent paid	Yes / No R.O.
(e)	Whether employer pays for the water & electricity charges. If Yes, amount of allowance.	Yes / No R.O.
(f)	Whether employer provides and maintains a vehicle for you, or if allowance is provided. If Yes, amount of expense/allowance	Yes / No R.O.
(g)	Whether you own a vehicle. If Yes, amount of expense on maintaining your vehicle	Yes / No R.O.
(h)	Whether the employer provides for a house telephone. If Yes, amount of expense	Yes / No R.O.
(i)	Whether your spouse is employed. If Yes, name of her employer. Total salary and benefits earned by your spouse	Yes / No R.O.

Income Details of the Applicant and Spouse (if employed):

Sl. No	Salary Head	Applicant	Spouse (if Applicable)
		Amount (OMR)	Amount (OMR)
1	Basic Salary		
2	House Rent Allowance		
3	Total Other Allowance (if any)		
4	Total Gross Salary (1+2+3)		

Details of Fee Concession received in the Previous Years and Fee Due details:

Please provide the details of Fee Concession received in the Year 2019-20 and the details of Fee Dues (if any)

Sl. No.	Name of the Child	Class & Sec.	Gr. No.	Due Amount (OMR)	Fee Concession Amount (RO)

Please provide the details of Fee Concession received in the Year 2018-19 and the details of Fee Dues (if any)

Sl. No.	Name of the Child	Class & Sec.	Gr. No.	Due Amount (OMR)	Fee Concession Amount (RO)

DECLARATION

I hereby undertake to cooperate with the School Authorities to verify the necessary records by visiting my work place, employer and the Bankers. Further, certified that the above details are true and correct and if found otherwise at a later date, the concession granted to me, may be withdrawn with retrospective effect. I also agree to the SMC's action in case the submissions are found to be falsified.

Date: _____ Name & Signature of the Applicant: _____

Please attach the following documents along with the above application:

- Passport copy of applicant including Visa Page and Copy of Resident Card
- Passport Copy of Spouse and Children including visa page and Copy of Resident Card
- Salary Certificate/Salary Slip from the Company
- Bank Statement of last six months showing the salary transfer
- Letter from the Sponsor/company in the prescribed format (see Page No:3) in the company letter head.
- Rent Agreement Copy
- Residence Electricity, Water and Telephone Bill of last three months.
- Copy of the previous year (2019-20) report card of children

Note:

- The application for the Fee Concession will not be considered if any of the above documents are not submitted.
- Those who have lost their job or business, need to produce the documents to substantiate their claim.
- Those who have not receiving the salary due to Covid-19 need to submit a letter from the company mentioning the same communication.
- Incomplete applications will be rejected. The decision of the School Management Committee in regards to grant of fee concession to a particular student will be the final.

-----Office Use-----

Application No: _____ Received on: _____ Category of Fee Concession: _____

Sl. No.	Gr. No	Fee Concession as per the Eligibility	Fee Concession Recommended	Fee Concession Approved	Remarks
1					
2					

Name and Signature of the SMC Member Interacted: _____

Date: _____

Name and Signature of the Approval Authority: _____

Remarks (if any).....

**The Principal
Indian School Muscat
P.O. Box: 2470, PC: 112
Sultanate of Oman**

Dear Sir,

This is to certify that Mr. is employed in our organization as whose children are studying in your school as mentioned below.

..... of Class Div G.R. No. &
..... of Class Div G.R. No.

This certificate is issued for the purpose of availing Fee Concession for the children who are facing financial challenges in paying the school fees and his salary details are as given below:

Sl. No.	Details of monthly salary / income	YES / NO.	R.O.
1	Basic Salary		
2	HRA provided or not (If yes, mention the amount)		
OR	Accommodation provided, If yes, mention the rent per month		
3.	Transport is provided for official duties only		
OR	Transport Allowance - If Yes, mention the amount per month		
OR	Car provided at his disposal. If Yes, mention the cost per month		
4	Water / Electricity Allowance. If yes, mention the amount per month		
OR	Water / Electricity actual (Mention the Cost per month)		
5	Telephone Allowance. If Yes, mention the amount per month		
OR	Telephone provided (Mention the cost per month)		
6	GSM Allowance. If Yes, mention the amount per month		
OR	GSM provided (Mention the cost per month)		
7	Any other Allowance provided (Mention the amount per month)		
8	Average incentive / commission received per month		
	MONTHLY GROSS SALARY WITH ALL ALLOWANCE & BENEFITS		

This is to certify that Mrs. spouse of our employee Mr..... is under our sponsorship and to the best of our knowledge is not employed.

Name of the Company: Contact No:

Name of the Contact Person in the Company for any queries: Mobile. No.

Authorized Signature with Company Seal (Sponsor / General Manager):

Company Seal:

Date: