

Name of the Applicant:

Passport No: Residence Card No:

P.O. Box 2470, P.C. 112 SULTANATE OF OMAN



Res. Card Expiry date:

Profession:

Phone: 24702567 Fax: 24794919 Email: feeconcessions@ismoman.com

APPLICATION FOR FEE CONCESSION (2025-26)

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

Reside	ence Location: Ar	rea:	Way No	o Bldg. N	No	Flat/Roor	n No:
Name	of the Company:	Туре	of Busines	s:		Gross Sa	ılary:
Name	& Contact No. of the immediate Sup	pervisor/Manager of	f the Comp	oany:			
Name	& Contact No. of the friend or collect	ague in the compan	y:				
s youı	r Spouse is working: Yes/ No If	Yes, Please provide	the follow	ing details rega	arding	your spouse	ı.
Name	of the Company:	Туре	of Busines	s:		Gross Sa	ılary:
Name	& Contact No. of the immediate Sup	pervisor/Manager of	f the Comp	oany:			
Name	& Contact No. of the friend or collect	ague in the compan	y:				
SI.	Name of child studying in ISM	Class & Section (2025-26)				ase Specify any Fee Dues for the year (2024-25)	
Earnin	ngs of the Applicant: (Please select th	ne appropriate optio	on √)				
(a)	TOTAL GROSS SALARY : (To be sup			Employer as s	hown	overleaf)	R.O.
(b)	Whether accommodation is provided. If Yes, rent amount paid to the landlord by Yes / No your employer					R.O.	
(c)							R.O.
(d)	Whether you are paying rent for your accommodation. If Yes, amount of the rent Yes / No paid						R.O.
(e)	•						R.O.
(f)						R.O.	
(g)	Whether you own a vehicle. If Yes,	amount of expense	on maint	aining your veh	nicle	Yes / No	R.O.
(h)	Whether the employer provides for	or a house telephone	e. If Yes, ar	mount of exper	nse	Yes / No	R.O.
				er. Total salary		Yes / No	R.O.

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

SI. No	Salary Head	Applicant	Spouse (if Applicable)
31. NO		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 2024-25 and the details of Fee Dues (if any)

SI. 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 2023-24 and the details of Fee Dues (if any)

SI. 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:

- (a) Passport copy of applicant including Visa Page and Copy of Resident Card
- (b) Passport Copy of Spouse and Children including visa page and Copy of Resident Card
- (c) Salary Certificate/Salary Slip from the Company
- (d) Bank Statement of last six months showing the salary transfer
- (e) Letter from the Sponsor/company in the prescribed format (see Page No:3) in the company letter head.
- (f) Rent Agreement Copy
- (g) Residence Electricity, Water and Telephone Bill of last three months.
- (h) Copy of the previous year (2024-25) report card of children

Note:

- 1. The application for the Fee Concession will not be considered if any of the above documents are not submitted.
- 2. 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-		
Applicatio	n No:	Received on:		Category of Fee Co	ncession:
SI. No.	Gr. No	Fee Concession as	Fee Concession	Fee Concession	Remarks
		per the Eligibility	Recommended	Approved	
1					
2					

Name and Signature of the SMC Member Interacted:	Date:
Name and Signature of the Approval Authority:	
Remarks (if any)	Page 2 3

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

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Deal	

	o certify that Mr is employed in our organichildren are studying in your school as mentioned below.	zation as	
	of Class Div	G.R. No	&
	of Class Div	G.R. No	•••••
	rtificate is issued for the purpose of availing Fee Concession for the child ges in paying the school fees and his salary details are as given below:	dren who are facir	ng financial
SI. 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 ALLOWANG	CE & BENEFITS	
This is t	o certify that Mrs spouse of our employe	e Mr	
is unde	r our sponsorship and to the best of our knowledge is not employed.		
Name c	of the Company: Contact	No:	
Name c	of the Contact Person in the Company for any queries:	Mobile. No.	
Author	ized Signature with Company Seal (Sponsor / General Manager):		
Compai	nv Seal: Date:		