



# K.B.H. S.S. Trust's Institute of Pharmacy

Malegaon Camp, Malegaon

Date:

## APPLICATION FOR FEE STRUCTURE

To,  
**The Principal,**  
KBH Institute of Pharmacy,  
Malegaon Camp, Malegaon – 423105.

**Sub. : Request to issue letter of fee structure.**

Respected Sir,

I \_\_\_\_\_ (full name) studying in FY / SY /TY /FINAL  
YEAR B. PHARM. / FY / SY M.PHARM. I kindly request you to please issue me Letter of Fee Structure. My  
relevant details are furnished below.

1. Academic year of First Time Admission in KBH Institute of Pharmacy:\_\_\_\_\_.
2. Religion / Race \_\_\_\_\_ Sub Caste \_\_\_\_\_
3. Category: SC / ST / DTNT / VJNT / OBC / SBC / OPEN.
4. Reason for Letter of Fee Structure \_\_\_\_\_
5. I am enclosing herewith the following documents for your record:
  - a) A Xerox copy of First / Direct Second year Admission Allotment letter.
  - b) A Xerox copy of the receipt of fees paid for last admission year.

Thanking you,

Yours faithfully

(Signature of Student)

Mobile No:

Note: Students should collect their letter of fee structure personally.