

Application

To
The Principal,

Shambhunath Research Institute of Medical Sciences Hospital
Jhalwa, Prayagraj (211012).

Date:-

Subject:- Request for Concession and Permission to Pay Fee
Semester-wise.

Respected Sir,

I am Divyansh Tripathi, a student of B.Sc. Nursing 5th Semester
(3rd Year), College ID: 23BNRS0024, I respectfully request your
Kind consideration to grant me a concession in my college fees and
allow me to deposit my fees on a semesterwise basis.

Due to some financial problems, it is becoming
difficult for me to pay the entire yearly fees at once. I assure you
that I will pay the fees for each semester on or before the
stipulated due dates if given this facility.

I humbly request you to kindly grant me permission
for this arrangement. Your understanding and support in this
matter will be great help to me.

Thank You for your Kind consideration.

Yours Faithfully,

Divyansh Tripathi,

BSc Nursing, 5th Semester.

College ID:- 23BNRS0024

प्रति सम्मानपूर्वक निवेदन

KKLwahi

14/10/25