



RENEWAL FORM

Institution Approval Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
Institution Name & Full Address With Pincode										
Renewal for which academic year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">-</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>	2	0			-	2	0		
2	0			-	2	0				
Renewal Fee If DD then fill DD No and Bank	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">CASH</td> <td style="width: 50%; text-align: center;">DD</td> </tr> </table> DD NUMBER: BANK:	CASH	DD							
CASH	DD									
Renewal Fee	<table style="width: 100%;"> <tr> <td style="width: 20%;">One year</td> <td style="width: 20%;">10000/-</td> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Three years</td> <td>15000/-</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Five years</td> <td>25000/-</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	One year	10000/-	<input style="width: 95%;" type="text"/>	Three years	15000/-	<input style="width: 95%;" type="text"/>	Five years	25000/-	<input style="width: 95%;" type="text"/>
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Three years	15000/-	<input style="width: 95%;" type="text"/>								
Five years	25000/-	<input style="width: 95%;" type="text"/>								

I accept all the terms and conditions of RTMS

Date : _____

Place:

Signature of Institution Authority