



INDIAN SCHOOL AL-AIN

Tel No: 03 7678915

P.O. Box 16062 – AL-AIN

Website: www.indianschoolalain.com

REQUEST FOR FEE STATEMENT / BONAFIDE CERTIFICATE

Name of the Parent : _____

Parent Code : _____

Mobile No: _____

| Please tick (✓)mark in the appropriate box | | | | | |
|--------------------------------------------|--------------------------|------------------|--------------------------|----------------------|--------------------------|
| FEE STATEMENT | | | | BONAFIDE CERTIFICATE | |
| Whole Amount | <input type="checkbox"/> | Name of Father's | <input type="checkbox"/> | English | <input type="checkbox"/> |
| Breakup | <input type="checkbox"/> | Name of Mother's | <input type="checkbox"/> | Arabic | <input type="checkbox"/> |

To
The Principal
Indian School
Al-Ain

Dear Madam

Kindly provide above mentioned Certificate for my child/children for the Academic Year _____,
as per the details given below.

| Sl.No | Name of the ward/s | Grade | Div | Adm. No |
|-------|--------------------|-------|-----|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

This certificate is required for _____ (Please mention the purpose)

Thanking you

Yours Faithfully

Signature

Date : _____

FOR OFFICE USE

Fee Paid till _____ Receipt No: _____ Date : _____ Sign. _____

Accountant

Received the Original Certificate – Name & Sign.of Parent _____ Date : _____