



APPLICATION FOR WAIVER OF PROCESSING FEES

Manuscript ID : _____

Manuscript Title : _____

Corresponding Author's Name : _____

Author's Full Address : _____

TYPE OF WAIVER REQUESTED

- Partial waiver (Please indicate the amount you can pay _____ Rs/\$).
- Full waiver.

REASON FOR WAIVER APPLICATION

- Unable to financially support fee.
- Others (Please Specify): _____

NOVELTY OF THE PAPER AND IMPACT ON THE SOCIETY

Signature : _____

Date : _____