



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 : _____