



**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH
(AcSIR)**

Semester Academics Continuation Commitment (SACC) Form

1. Semester (January/August) & Year : _____
2. Name of the Student : _____
3. Phone & E-mail Contact : _____
4. Enrollment/Registration (as applicable) No. : _____
5. AcSIR Centre/Unit (Name of Institute) : _____

6. Name of the Supervisor : _____

7. Details of the Semester Tuition Fee paid:

- a. Date of payment : _____
- b. Amount paid : _____
- c. Method of payment : _____

DDM/Bank transfer to AcSIR Account having following details:

Account No.: 32594652804

Bank: State Bank of India

Branch name: Tidel Park

IFSC Code: SBIN0004285

- d. Payment Receipt Number : _____
(Copy must be Attached)

Accordingly, I hereby commit to continue my AcSIR academic/research work during the above semester as per program of enrollment and report progress of the semester to the Supervisor.

Date:

(Signature of the Student)

Countersigned by the Supervisor (with Date): _____

To be submitted to AcSIR Latest by January 31st & August 31st

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(For AcSIR Office Use)