



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

(For AcSIR Office Use)