



STUDENT CONCESSION FORM FOR DOMESTIC TRAVEL

Part-I

A Details of Educational Establishment

1. Name _____
2. Address _____

- _____ Telephone No. _____

(Establishment falls within the definitions outlined under the heading 'Note')

B Details of Student

1. Name _____
2. Date of Birth _____
3. Sector of Travel (From _____ to _____)
(Oneway/Return _____)
4. Student is enrolled at this establishment for a full time course of atleast one academic year
(From _____ to _____ Roll no. of the student _____)
5. Full residential address of Students Parents/Guardians as per educational Establishment's record is

_____ Telephone No. _____

Above Details Verified

Signature of the Principal/Date

Official Stamp

(to be attached with ticket jacket)

Photograph of
the Student

(Signature & Stamp
of the Principal to
cover part of the
Photograph)

NOTE :

1. 'STUDENT' means a person who at the time of commencement of travel has reached his/her 12 but not his/her 26th birthday, and who is enrolled for a full time course for a session at an Educational Establishment. Student should not be employed for part time or full time nor should have any regular income from any source except Stipend/Scholarship granted to him.
2. 'EDUCATIONAL ESTABLISHMENT' means a School, College or University offering full time educational vocational or technical courses for at least one academic year and is recognized /aided by Central/State Governments and or affiliated to any of the Universities/Boards and shall not include Commercial Office, Industrial or Military Establishment or a Hospital at which the student is serving an apprenticeship unless such apprenticeship is a part of curriculum of the Educational Establishment at which the Student is enrolled.
3. 'ACADEMIC YEAR' means a period of 12 consecutive months including whatever interruptions for vacations are normally granted by the Educational Establishment at which the Student is enrolled.
4. 'GUARDIAN' means legal guardian or a person acting in lieu of parent in the event of death or legal incapacity of parents.
5. 'HOME TOWN' for the purpose of grant of the Student Discount is clarified as the 'Place of residence' of the parents or Guardian of the Student as furnished by the Students at his/her Educational Establishment and as certified by its Principal.
6. This form is valid for issuance of tickets for **three months** from the date of attestation by the head of the Educational establishment.
7. The 'Form' shall be accepted only if it is verified and attested by the Principal/Head of the Educational establishment.
8. The attested Form should be verified by the **Air India (IC)** office, nearest to the Educational Establishment before issuance of the ticket. In case an Educational Establishments located at a place where **Air India (IC)** do not have an office but an approved Travel Agent is available, the approved Travel agent may verify this form and issue tickets.
9. Flights/Routes with high seat factor may be placed under Embargo for travel under 'Student Discount'. On such Routes/Flights only those students shall be permitted to avail of students discount who are traveling between Place of study and Home Town or who are undertaking part travel enroute Place of Study and Home Town, with the journey either commencing or terminating at Place of Study or Home Town.



STUDENT CONCESSION FORM FOR DOMESTIC TRAVEL

Part-II

A Details of Educational Establishment

1. Name _____
2. Address _____
_____ Telephone No. _____

B Details of Student

1. Name _____
2. Date of Birth _____
3. Sector of Travel (From _____ to _____)
(Oneway/Return _____)
4. Student is enrolled at this establishment for a full time course of atleast one academic year
(From _____ to _____ Roll no. of the student _____)
5. Full residential address of Students Parents/Guardians as per Educational Establishment's record is _____
_____ Telephone No. _____

Above Details Verified

Signature of the Principal
Stamp & Date

Signature of **Air India (IC)** Officer
Stamp & Date

Details to be filled by Issuing office : **Air India (IC)** Office/Travel Agent)

1. Ticket no. _____ Date of Issue _____
2. Ticketing office Name & Location Address _____

3. Signature of Issuing Staff _____ Name of Issuing Staff _____
(to be attached with Audit Coupon)