



COLLEGE OF ENGINEERING PUNE

(An Autonomous Institute of Govt. of Maharashtra)
Wellesley Road, Shivajinagar, Pune – 411 005.
: 020 – 25507310 Email id – acco@coep.ac.in

DECLARATION/UNDERTAKING FROM THE STUDENT FOR PARTIAL PAYMENT OF COLLEGE FEES

I, Mr. /Ms....., MIS No.:

Department:.....Category:.....

Students e-mail ID:.....

Student Mobile No:Parents Mobile No:.....

I am requesting for partial payment of college fees for the AY: 2022-23, detailed as under:

Sr No	Academic Year	Total Fee Payable (Rs.)	Allowed to Pay now (Amount in Rs.)	Balance Payable (Amount in Rs.)	Committed Date of Payment of balance Fee	Remarks (if any)
1	2022-23					

1. I hereby declare that, I have paid Full / Partial College Fee / Hostel Fee since my admission. Following are the details of College Fees / Hostel Fees paid by me since my admission.

Year of Admission	Payment Ref	Total College Fees (Rs.)	Year of Admission	Payment Ref	Total Hostel Fees (Rs.)
2021-22			2021-22		
2020-21			2020-21		
2019-20			2019-20		
2018-19			2018-19		
2017-18			2017-18		
2016-17			2016-17		
2015-16			2015-16		

P.T.O

2. The entries made by me in this Declaration/Undertaking Form are complete and true to the best of my knowledge and based on records.
3. I hereby undertake to present the original Fee Receipts immediately upon demand by the concerned authorities of the Institute as and when requested in future.
4. I understand that this facility is being provided to me in COVID-19 circumstances, and I undertake to pay the remaining College Fees / Hostel Fees within the stipulated time as declared by me.
5. I further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the information's provided by me is found to be incorrect.
6. I hereby undertake to inform the Institute, about any changes in information submitted by me, in this Declaration/Undertaking Form and any other documents, including change in addresses and phone nos., from time to time.

Place:

Date:

Name & Signature of Student

DECLARATION BY PARENT/ GUARDIAN

I, (Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by my child/ward, and I will honour the above stated undertaking in words and spirit.

Place:

Name & Signature of Mother / Father / Local Guardian

Date:

Verified by me

Name & Signature of the faculty Advisor/ Mentor

Place:

Date:

Name & Head of the Department

Note : Copy to be submitted to Accounts Department by Concerned Head of the Department