



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:.....

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

I am requesting for partial payment of college fees this AY:2020-21, detailed as under:

Sr No	Academic Year	Total Fee Payable	Allow to Pay now (Amount)	Balance Payable (Amount)	Committed Date of Payment of balance Fee	Remarks (if any)
1	2020-21					

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	Year of Admission	Payment Ref	Total Hostel Fees
2019-20			2019-20		
2018-19			2018-19		
2017-18			2017-18		
2016-17			2016-17		
2015-16			2015-16		
2014-15			2014-15		

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 endeavour to honour the above stated undertaking in words and spirit.

Place:

Name & Signature of Mother / Father / Local Guardian

Date: