

UNDERTAKING

(To be given by Parent/Legal Guardian)

I, Mr./Mrs. _____ Parent/Legal Guardian
of Mr./Ms. _____ have understood that
the present tuition and development fees charged to us for the F.Y.B.Pharm unaided course at
Bombay College of Pharmacy, Kalina, Santacruz (E), Mumbai-400098 are Adhoc fees prescribed
by the Fees Regulating Authority for the academic year 2020-2021. The final fees may be more
or less than the ad-hoc fees and is subject to approval from Fees Regulating Authority.

I hereby agree and undertake that if the fees (Tuition + Development fees) decided by Fees
Regulating Authority are more than the Adhoc fees for the current academic year, then I will pay
the difference to the institute on demand. Further, I shall also pay the fees and other charges (if
any) decided by Fees Regulating Authority for the subsequent academic years in time.

(Sign of the Parent/Legal Guardian)

(Sign of the Student)

Date:

Place:

My contact details are as under

Complete Address:

Contact No: _____

Email: _____