

Item No. 4 : Any other issue with the permission of the Chair**Resolution**

Rationalising process fees in the matter of review application submitted by the institution under section 14 (e) of Maharashtra Unaided Private Professional Educational Institutions (Regulation of Admission and Fees) Act, 2015 was under consideration of the Authority. Having considered relevant factors, it is resolved that the process fees declared earlier for filing review application shall stand modified as below :

- | | | | |
|------|---|---|--------------|
| i) | Where proposed fees is less than 50,000/- | : | Rs. 3,000/- |
| ii) | Above 50,000/- and upto 1,00,000/- | : | Rs. 5,000/- |
| iii) | Above 1,00,000/- and upto 1,50,000/- | : | Rs. 10,000/- |
| iv) | Above 1,50,000/- | : | Rs. 15,000/- |

Above modification shall apply to the review applications herein after received by this Authority in respect of fees proposals for A.Y. 2016-17 and 2017-18 or both.

The meeting is concluded with thanks to the Chair.

Date : 17th February , 2017

Place : Mumbai



(M.N. GILANI)
CHAIRPERSON
FEEES REGULATING AUTHORITY

BEFORE THE FEES REGULATING AUTHORITY

To,
The Hon'ble Chairperson,
Fees Regulatory Authority (M.S.)
Mumbai.

Application for Review of Final Fees Declaration

1. Applicant:

a. Code No of Institute: _____

b. Name of the Institute: _____

c. Address: _____

d. Name of the Person preferring the review application _____

_____ Designation _____

2. For Communication of Date of hearing from FRA:

a. Contact Person _____ Designation _____

b. Mobile No. _____ E-Mail-Id _____

3. Details of Order for which review is sought:

a. Course/s _____

b. Academic Year/s: _____

c. Date of Decision: _____

d. Fees sought for by the Institution in original application: _____

e. Fees Declared by the FRA: _____

4. Brief Grounds on which review is sought:

a. _____

b. _____

c. _____

d. _____

5. Documents attached in support of the Review Application

a. Copy of the FRA Web-site page of Fees Declaration of your Institute

b. _____

c. _____

6. Details of Review Fees Paid: Rs. _____ Instrument No _____ Dated _____

Date: _____

Signature _____

Place: _____

Name and Designation
