

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
