Samarth Rural Educational Institute's

SAMARTH INSTITUTE OF PHARMACY BELHE.

Approved by P.C.I. New Delhi, D.T.E., Govt. of Maharashtra &
Affiliated to D.B.A.T.U.Lonere & M.S.B.T.E. Mumbai.
On Kalyan Nagar Highway A/P-Belhe, Tal- Junnar, Dist-Pune Pin: 412410
Email:samarthiop@gmail.com, Web: iop.sreir.org

Date- __/ __/ ____

To,
Principal,
Samarth Institute of Pharmacy,
Belhe- 412410.

Sub. : Request for issuing of Letter of Fee Structure

Respected Sir,

I, the undersigned Mr./Ms./Mrs. _____
Student of Samarth Institute of Pharmacy, Belhe- 412410 studying in **F.Y. / S.Y./ T.Y./ Final Year** of **D. Pharmacy/B. Pharmacy/ M. Pharmacy[**_____] PRN NO-_____ during the year academic year 20_____- 20_____., respectfully request the issuance of a letter of fee structure.

I kindly request you to please issue me letter of fee structure. My relevant details are furnished below.

- Academic year of First Time Admission in Samarth Institute of Pharmacy:_____
- Religion _____Sub Caste_____
- Category: SC / ST / DTNT / VJNT / OBC / SBC / OPEN.
- Reason for Letter of Fee Structure _____
- I am enclosing herewith the following documents for your record :

  a) A Xerox copy of First / Direct Second year Admission Allotment letter.

  b) A Xerox copy of the receipt of fees paid for last admission year.

Thank you for your time and consideration. I shall be grateful for your support.

Thanking you,

Yours faithfully

(Signature of the Student) Signature of Clerk

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[RECEIVED LETTER OF FEE STRUCTURE] Signature of Student

CERTIFICATE ISSUED DATE-__/ __/ ____ ----------