**COLLEGE OF ENGINEERING, THALASSERY**

**REQUEST FOR FEE PAID CERTIFICATE FOR INCOME TAX**

Date:

Name: Adm. No.:

Sem: Branch:

Category – (TFW/MERIT/MANAGEMENT/NRI/NON KEAM):

Name of Father/Mother for whom the certificate is needed………………………………………………………

Amount of Tuition fee:…………………….

Date of payment:……………………

Signature of student

Particulars verified and recommended:

Group Tutor: Signature: HOD: Signature:

 Name: Name:

…………………………………………………………………………………………………………………………………………

**FOR OFFICE USE ONLY**

Remarks by section: Verification:

Approval by Principal

…………………………………………………………………………………………………………………………………………

Received certificate.

Date: Signature of the student: