



Pimpri Chinchwad Education Trust's  
**Pimpri Chinchwad College of Engineering (PCCoE)**  
(An Autonomous Institute)  
Affiliated to Savitribai Phule Pune University (SPPU)  
ISO 21001:2018 Certified by TUV SUD

**UNDERTAKING FORM FOR FOREIGN STUDENTS**

**Personal Details**

**Full Name:** \_\_\_\_\_

**Gender:**  Male  Female  Other      **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_

**Nationality:** \_\_\_\_\_      **Passport Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_      **Email ID:** \_\_\_\_\_

**Duration of Stay at PCCOE - From** \_\_\_\_\_ **to** \_\_\_\_\_

**Name of Internship Program/Academic Purpose:**

\_\_\_\_\_

**Are you staying in PCCOE Hostel?**  Yes  No

\_\_\_\_\_

**Declaration & Undertaking**

I, the undersigned, hereby declare that I am fully aware of the rules, regulations, and code of conduct laid down by Pimpri Chinchwad College of Engineering (PCCOE), Pune. I agree to abide by all institutional guidelines during my stay and participation in the internship / academic program.

1. I undertake to follow all the academic, disciplinary, and behavioral rules and regulations of PCCOE.
2. If I am residing in the PCCOE Hostel, I agree to strictly follow the hostel rules, including:
  - Returning to the hostel before the prescribed time in the evening.
  - Not staying out without obtaining prior permission from the Institute authorities.
  - Not engaging in any unauthorized or late-night outings.
  - If I choose to stay out overnight, it will be entirely at my own risk and responsibility.
3. I understand and agree that:
  - I will not involve myself in any activities that violate the terms and conditions of my visa.

- I will comply with all rules and regulations laid down by the Foreigners Regional Registration Office (FRRO) and Indian immigration authorities as per my visa provisions.
  - Any violation of visa or FRRO regulations will be my sole responsibility.
4. I acknowledge that PCCOE or any of its authorities shall not be held responsible for any untoward incident, legal issues, mishap, accident, or loss caused due to my actions, negligence, or violation of rules.
5. I confirm that the information provided above is true and correct to the best of my knowledge.
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**Signature of Student:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

Internship/Program: \_\_\_\_\_

Room No. (if hostel): \_\_\_\_\_

FRRO Registration done: Yes / No

C Form Submitted: Yes / No

Remark by International Relations Office:

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