

*The above provided information pertaining to my Institution is true to the best of my knowledge. For any deviation and false information, myself and my Institution/Trust/Society/Company would be held responsible, and NCTE would be at liberty to take necessary action against my Institution/Trust under relevant provisions of NCTE Act/Rule/Regulations.*

<i>Any Other Information</i>	
<i>Name of the Authorised Person</i>	Dr. BINATA SANTRA
<i>Designation of the Authorised Person</i>	PRINCIPAL
<i>Mobile Number of the Authorised Person</i>	9830631876
<i>Signature of Authorized Person along with Institute Round Seal</i>	