

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.

Any Other Information

Name of the Authorised Person

AJAY SHARMA

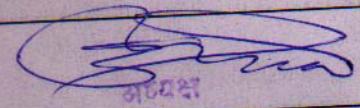
Designation of the Authorised Person

CHAIRMAN

Mobile Number of the Authorised Person

9219167300

Signature of Authorized Person along with Institute Round Seal



श्री शिवप्रसाद वा. शर्मा महा विद्यालय
द्वारा (१०२५७३००)