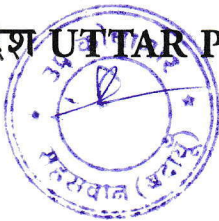


उत्तर प्रदेश UTTAR PRADESH

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I, MD. HABIBUR RAHAMAN, Son/Daughter of EMDADOL HOQUE  
Resident of 17-B, DDA FLAT, M.S. ROAD, N.D-2 and  
Chairperson/Manager/Secretary/Correspondent of 17-B, DDA FLAT, M.S. ROAD, N.D-2  
Certify that I have been authorized by the Management of the above mentioned institution to give this Affidavit  
on behalf of the institution, within at present offers B.ED.  
Course of B.ED-2-YEARS duration (File Code No. 201616377) with an annual intake of  
100. It is further certified that the Management has studied the National Council for  
Teacher Education ( Recognition Norms and Procedure) Regulations, 2014 carefully and has understood their  
implications for the existing Teacher Education Institutions offering NCTE recognized teacher education  
programme(s).

2. In convey my willingness for one/two units of the proposed B.Ed. course (strick off if not applicable).

3. Further, I have been authorized by the management to state that institution shall fulfill the revised Norms  
relating to infrastructure, instructional facilities, enhanced amount of Endowment and Reserve Funds, Number  
and Qualifications of Teaching Staff, Curriculum and implemmentation strategies, in view of the change in  
duration/intake of the programme(s) offered in the institution within the time limit allowed by NCTE.

Signature

Name and Desination

Place SAHASWAN

Date 28/03/18

28/3/18



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2 MAR 2018

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Signature

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(स्टाम्प निकालें)

भा. ४. 34, बस्तिन बहाल (बस्तिन)

2 MAR 2018