



मध्य प्रदेश शिक्षा एवं संस्कार संस्थान

क्रमांक

दिनांक

UNDERTAKING OF AUTHORIZED SIGNATORY

I hereby declare that I am the authorized signatory for this application and authorized by our Society/Institution/Trust/College/Company (Strike out whichever is not applicable) to submit this application. I have gone through the NCTE Act. 1993 and NCTE Regulation 2014 (Recognition Norms and Procedures) and fully aware of all the conditions to be fulfilled for grant of recognition. I shall be fully responsible for submission of any wrong information and shall abide by the decision taken by the Regional committee. If at any stage during the processing of this application it is found that the information furnished in this application is wrong, action may be initiated against me the society/institution/Trust/College/Company (Strike out whichever is not applicable) as per law.

Signature & Seal: **DIRECTOR**
Madhya Pradesh Shiksha Avm
Sanskar Sansthan, Tikamgarh (M.P.)
Name of the Authorized Signatory: **Pradeep Bhadora**
Designation: **Director**
Name of the Applicant: **Madhya Pradesh Shiksha
Avm Sanskar Sansthan**
Address: **8th Km. Jhansi Road, Tikamgarh (M.P.)**

Place: **Tikamgarh**
Date : **27.05.2016**