

राजस्थान RAJASTHAN

BA 856119

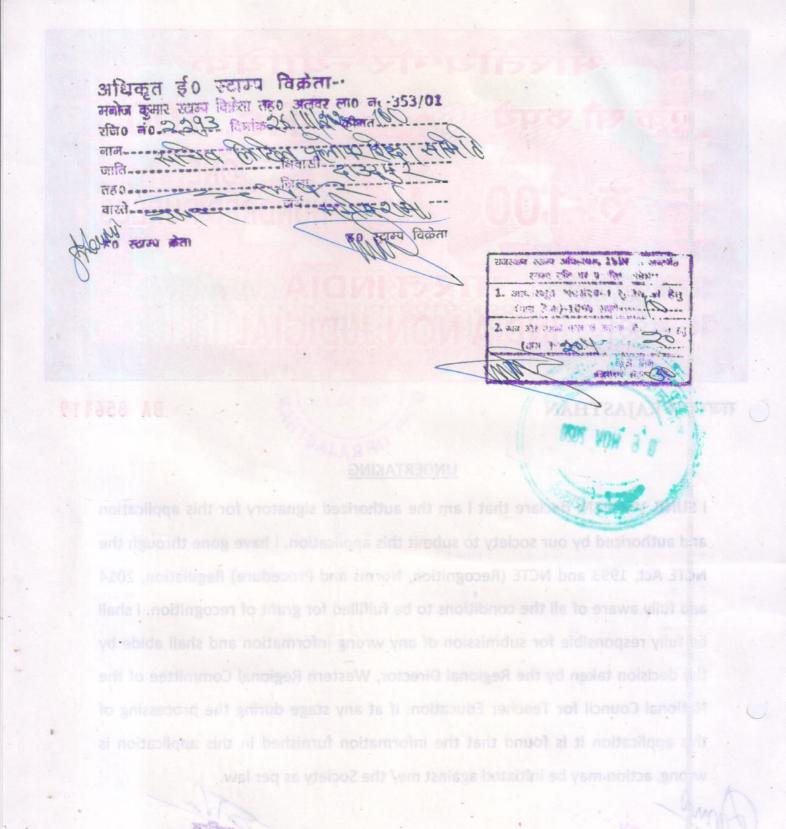
UNDERTAKING

I **SUNIL VIRMANI** declare that I am the authorized signatory for this application and authorized by our society to submit this application. I have gone through the NCTE Act, 1993 and NCTE (Recognition, Norms and Procedure) Regulation, 2014 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 Director, Western Regional Committee of the National Council for Teacher Education. 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 as per law.

IDENTIFIED BY
ID

Name of Applicant-sh. Sunii kumad Virman Secretary

Little Flower Shiksha Samiti , Daudpur Alwar Rajasthan



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