



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.

*[Signature]*

IDENTIFIED BY

डॉ. सुनील कुमार  
13-143 गणपति विहार  
बिजार फाउंडेशन, अलवर

*[Signature]*

Name of Applicant - Sh. Sunil Kumar Virmani  
Secretary

Little Flower Shiksha Samiti, Daudpur Alwar Rajasthan

ATTESTED  
USSHARMP  
NOTARY ALWAR  
11/12/20

अधिकृत ई0 स्टाम्प विक्रेता--

मनोज कुमार स्टाम्प विक्रेता तह0 अलवर ला0 नं. -353/01

रजि0 नं0-2293 दिनांक 25/11/2019 तहमत 100

नाम- सचिव लिटिक्वैरी प्रोलापर विद्या समिति

जाति- निवासी

तह0- राजपुर

वास्ते- राजपुर

मनोज कुमार  
ई0 स्टाम्प विक्रेता

ई0 स्टाम्प विक्रेता

राजस्थान स्टाम्प अधिनियम, 1953	अनुच्छेद 10
1. आर. 1953 का अनुच्छेद 10 के अंतर्गत	अनुच्छेद 10
2. आर. 1953 का अनुच्छेद 10 के अंतर्गत	अनुच्छेद 10



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 the application it is found that the information furnished in this application is wrong action may be initiated against me, the Society as per law.

Secretary  
 Name of Applicant (in Hindi)  
 Name of Applicant (in English)  
 Date (in Hindi)  
 Date (in English)

RECEIVED BY  
 सचिव लिटिक्वैरी प्रोलापर विद्या समिति  
 राजपुर, अलवर जिला, राजस्थान

ATTESTED BY  
 22/11/2019