

I, declare that I am the authorized signatory for this application and authorized by our Society to submit this application. I have gone through NCTE Act. 1993 and NCTE (Recognition, Norms and procedure) Regulations, 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 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 as per law.

Signature with seal Name of the applicant / authorized signatory:

SIGNATURE OF THE EXECUTANT (S) B ATTESTED ON IDENTIFICATION

Deches She

L4.11.46

A. K. CHOWDHIJRY, NOTAM Burdwan Sadar Sub-Division, Reg. No. - 3/1998 Govt. of West Bennes [Apurbo Kumar Roy] 22

Designation : Secretary
Tagore Institute of Art & Education
Bonavilla, Bolpur, Birbhum

Signed in my presence and identified by me.

BISHNU PRASAD DHARA Advocate

2 2 NOV 2016st. JUDGE'S COURT, BURDWAN

22.11.16