



महाराष्ट्र MAHARASHTRA

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● 2014 ●

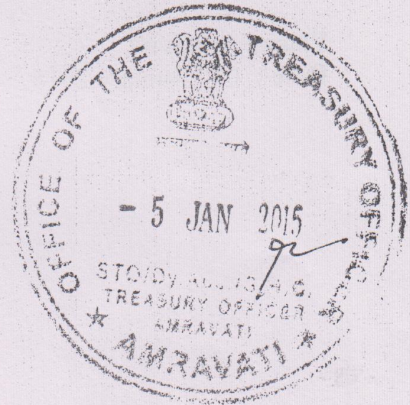
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LL 326704

प्राचार्य जीवनी डॉ. अशोक
दी. जी. डी. ए. ए. ए. ए. ए. ए.
ह. दिवेंद्र मंगेडीया अफ.

(Signature)

अमरावती न्यायिक
अमरावती



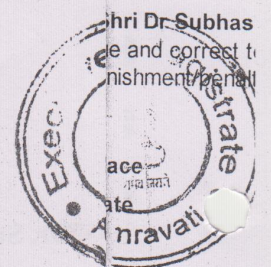
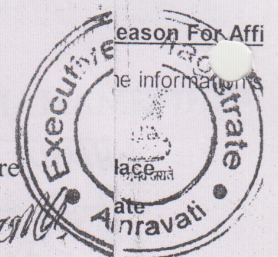
Affidavit

Dr. Subhash Chand Sharma Son / Daughter of Sh. Santram Sharma Resident of Amravati, 444605 (Maharashtra) and Chairperson / Manager / Secretary / Correspondent Principal of Hanuman Vyayam Prasarak Mandal's Degree College of Physical Education, Amravati that I have been authorized by the Management of the above mentioned institution to give this Affidavit on behalf of the institution, which at present offers **BPEd** course of **One year** duration (File Code No. **114016**) with an annual intake of 350. 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. Further, I have been authorized by the Management to state that the institution shall fulfil the revised Norms relating to infrastructure, instructional facilities, enhanced amount of Endowment and Reserve Funds. Number and qualifications of Teaching Staff, Curriculum and implementation strategies, in view of the change in duration / intake of the programme(s) offered in the institution within the time limit allowed by NCTE.

Place : Amravati
Date : 07th January 2015

Signature
Dr. S. C. Sharma
PRINCIPAL
Degree College of Physical Education
Autonomous College
Amravati (Mah.)



Fidavit No :
503400912681
Applicant Name :
Antram Sharma
Hsil Name : Am

Date : 07/01/2015

signed and Sworn
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IN THE PRESENCE OF HON'BLE EXECUTIVE MAGISTRATE COURT,
Amravati

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of Teaching
n duration /
mit allowed

Applicant Name : Dr Subhashchand Santram Sharma
Age : 60
Occupation : Doctor
Address : H.V.P.M Amravati , Amravati (M Corp.) , Amravati , Amravati , 444601

Reason For Affidavit :

The information stated above is true and correct to the best of my knowledge. Hence this Affidavit is made.

Signature : Amravati
Date : 07/01/2015

Sharma
Physical Education
College
Amravati (Mah.)

Signature of Affidavit Holder

Declaration

Shri Dr Subhashchand Santram Sharma solemnly affirm that the details furnished in the above Affidavit is true and correct to the best of my knowledge and if anything contrary to the above is found, I will be liable for punishment under Section 193(2), 199 & 200 of the Indian Penal Code.

Signature : Amravati
Date : 07/01/2015

Signature of Affidavit Holder

Affidavit No :
150340091268100435206

Applicant Name : Dr Subhashchand
Santram Sharma
District Name : Amravati

Date : 07/01/2015

Subscribed and Sworn before by Shri Dr Subhashchand Santram Sharma who is personally known to me or who has been identified by Shri whose signature is hereby appended.

Signature Of Identifier

Executive Magistrate
Amravati.

Tehsildar
Amravati