



AFFIDAVIT

I, Dr. Meghesh Tiwari S/o Shri A.P. Tiwari and Secretary & Correspondent of the Chhattisgarh Yuva Vikas Sangathan Shikshan Samiti aged 49 years, resident of H.No. 47/445, Brahmanpara, Raipur (C.G.) am the authorized signatory of the application made to the Western Regional Committee of the National Council for Teacher Education at Bhopal (M.P.) seeking grant of recognition/permission for shifting/restoration of recognition/others (specify) pertaining to (Vipra Arts Commerce & Physical Education College for M. ED. (name of the course).

Whereas, my application namely Chhattisgarh Yuva Vikas Sangathan Shikshan Samiti Vipra Arts Commerce & Physical Education College for M.ED. Course.

Whereas, I am aware of the various provisions of Regulations, 2014 and Norms and Standards notified under Regulations, 2014 for the courses I have applied for and I am required to express my willingness for my application being processed under new Regulations, 2014 as per the direction of Hon'ble Supreme Court of India on 10.9.2013 in SLP (Civil) No. 4247-4248 of 2009.

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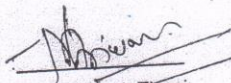


PRINCIPAL
Vipra Arts Commerce & Physical
Education College, G. E. Road
Raipur (C. G.)

(2)

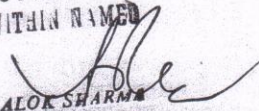
I hereby give my consent for my application being processed under Regulations, 2014 and undertake to conform to Regulations, 2014 and Norms and Standards issued thereunder in all respects such as duration of the course, size of the basic unit, requirements of staff, infrastructure, instructional facilities, NOC from the State Government, etc.



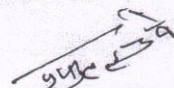
Signature 
Name of the applicant : Dr. Meghesh Tiwari
Address : Plot No.104, Street-Behind
Pt.R.S.S.University, Dumar
Talab Raipur (C.G.O)
Tel. No. : 0771-2533389
E-Mail address : vipracollege1996@gmail.com
Website address : www.vipracollege.org

Date : 25 MAY 2015
Place : Raipur (C.G.)

I SOLEMNLY AFFIRMED OR SWORN
BEFORE ME BY THE WITHIN NAMED


ALOK SHARMA
Notary Advocate,
RAIPUR, C.G.

25 MAY 2015


Identifying Witness



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