

Shyama Prasad Mukherjee College of Education <spmcollege18@gmail.com>

GIS submitted with reference id: 3049790

message

esolutionmail@ncte-india.org <esolutionmail@ncte-india.org> To spmcollege18@gmail.com Sat, Dec 19, 2015 at 4:50 PM

NATIONAL COUNCIL FOR TEACHER EDUCATION (NCTE)

(A Statutory Body of the Government of India)

HANS BHAWAN, (WING II), BAHADUR SHAH ZAFAR MARG, NEW DELHE 110 002.

Dear Sir/Madam.

National Council for Teacher Education (NCTE) acknowledges the receipt of Online GIS Application Form from your institute. The same has been forwarded to the concerned division for necessary action.

Your Online GIS Application number for future reference is: 3049790

Thanking You,

e-Governance Division,

National Council for Teacher Education,

Hans Bhawan, Wing-II,

1, Bahadur Shah Zafar Marg,

New Delhi-110 002

This is a system generated email, please do not reply to this email.



INSTITUTIONAL GEOGRAPHIC INFORMATION SYSTEM (GIS) DATA CAPTURE FORMAT (DCF)

GIS Application Reference Number

Name of Institution

Name of Society/Trust/Company

Management Category

Institution Category

Whether the Institute is a Composite Institution

Whether the Institute is a Minority Institute

Address (with Plot No./Khasra No.)

Name of Village

Tehsil/Division

State/Union Territory

District Pincode

Mobile Number

Landline Telephone Number

Latitudinal Position of Institute

Longitudinal Position of Institute

Jurisdiction Region

E-Mail ID

Website Address

3049790

DR SHYAMA PRASAD MUKHERJEE COLLEGE OF

EDUCATION

DR SHYAMA PRASAD MUKHERJEE EDUCATIONAL

SOCEITY

Private

Co-Education

No

No

P.O. SILCHAR MEDICAL COLLEGE

GHUNGOOR

SILCHAR

Assam

Cachar

788014

9706047701

03842270003

24.781594

92.815581

East Regional Committee

spmcollege18@gmail.com

http://www.spmcollege.com/

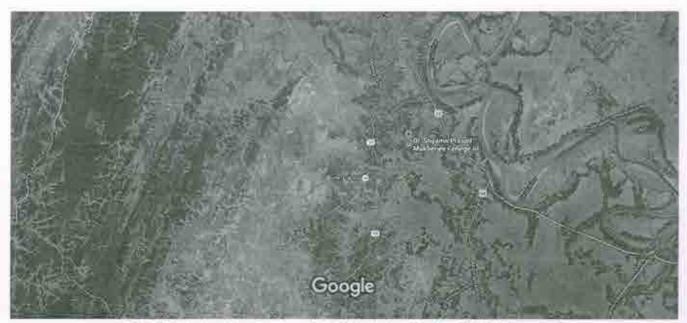
Details on Courses Recognised Till Date

Application ID	Name of	No. of	Date of	Recognition Order	Name of Affiliating
	Course	Units	Recognition	No	University
ERC/APE00188	B.Ed	2	2005-5-12	ERC/7-56 7(2)/ 2005/1485(1)	ASSAM UNIVERSITY

The above provided information pertaining to my Institution is true to the best of my knowledge. For any deviation and false information, myself and my Institution/Trust/Society/Company would be held responsible, and NCTE would be at liberty to take necessary action against my Institution/Trust under relevant provisions of NCTE Act/Rule/Regulations

Any Other Information	
Name of the Authorised Person	BIKASH DAS
Designation of the Authorised Person	MD-CUM-SECRETARY
Mobile Number of the Authorised Person	9706047701
Signature of Authorized Person along with Institute Round Seal	

Google Maps



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