

**PROFORMA FOR SUBMITTING BASIC DETAILS OF INFORMATION  
(For Nursing and Paramedical Institutions only)**

1	Name of Institution	
2	Existing Institution Code( 3 letter code)	
3	Postal Address with name of Post Office & Pin Code	
4	Year of starting	
5	Telephone No. (with STD Code)	
6	Fax No.	
7	e-mail I D	
8	Name of Principal with Land / Mobile Phone No.	
9	Whether Govt./ Aided/ Govt. Controlled Self Financing/ Private Self Financing	
10	University to which the institution is affiliated	
11	Whether institution has minority education status (If 'Yes' attach relevant proof)	Yes / No
		If yes, specify Minority Community

**12. Seat details for Centralised Allotment Process 2017 (Course wise)**

Sl. No.	Name of Course	Total Seats	Seats to be allotted by CEE		Seats to be allotted by Management
			Government Seats	Minority Seats	

(Attach Government sanction order, University affiliation order & Approval of Central & State Regulatory Bodies for the academic year 2017-18)

**DECLARATION**

I hereby declare that the details furnished above are correct to the best of my knowledge and belief and I have verified the same with various official records available in this office and I will be personally responsible for the information furnished above.

Place:

Signature :

Date:

Name of the Principal :

*(Office seal)*