[College/Institute Letter Head]

Name of College/ Institute:
AISHE Code of College/ Institute:
State of College/ Institute:
District of College/ Institute:
Type of College/ Institute:
Address of the College/ Institute:
Academic year from which session started (date):

Details of the AISHE Nodal Officer of College/ Institute AISHE Nodal Officer

Name of College's/ Institute's Nodal Officer:
Designation:
Address:
Contact Number:
Mobile number:
Email:

<u>UNDERTAKING</u>

      I hereby undertake that I will be uploading Data Capture Format (DCF) on AISHE Portal, within stipulated time after the launch of AISHE every year, failing which M/o Education may delete the name of my College/ Institute from the AISHE Portal. I also take the responsibility of consequences thereof.

                    Signature with seal

            Name of Vice-Chancellor/ Registrar/ Asstt. Registrar:
            Designation:
            Mobile No.:
            Landline No.:
            Email: