

Registration for NOC for 2024-25

Please add Atleast one program.

Type Of Registration *

Society

**Society/Trust/Section Name ***

LAXMAN-BHAJAN-AGARDI SHIKSHAN SEWA SANSTHAN

Institute Type *

Private

**Institute Category***

Co-ed

**Is Minority *****Proposed Institute Name ***

BRIGHT FUTURE ACADEMY

Address *

VILL.-SINGHRA, POST-GAMBHIRPUR, DISTT.-AZAMGARH

Country Name *

India

**State ***

Uttar Pradesh

**District ***

Azamgarh

**Tehsil ***

Nizamabad

**PinCode ***

276302

Chairman/Chief/Trustee/MD Name *

VIRENDRA NATH PATHAK

Mobile No *

9984666600

Email Id *

brightfuturesinghra

Program Name *

Pharmacy



Add

OPT Panel!Your OTP has been successfully verified.**have your Institution running diploma courses ***

**Upload
(Relevant
Documents) ***

No file chosen

**The Institution Applied to AICTE or PCI in 2020 to
start the Program***

**Upload
(Relevant
Documents) ***

No file chosen
