



Institute/College Profile Entry (2022-23)

1. Detail of Institute/College (A) Institute/College Type*

Medical & Paramedical College

(B) University Affiliated Code*

918

(C) Address*

VI-1406 KODPARKA PACHOWA DISTT BILASWAR

(D) Phone No. with STD*

90361176

(E) Email ID*

bilwars@bteindia.gov.in

(F) Affiliation State*

WB

(G) Institute Affiliation*

U. P. Board Of Technical Education

2. Detail of Principal (A) Name*

ANU. KUMAR SHARMA

(B) Email ID*

bilwars@bteindia.gov.in

(C) Mobile No.*

98300218

(D) Phone no. with STD Code*

98300218

3. Detail of Head Officer (A) Name

ANU. KUMAR

(B) Designation:

LECTURER

(C) Email ID:

hills.uniba@uniba@gmail.com

(D) Mobile No.:

76660418

(E) P. No. With STD Code:

76660418

(F) Date of Birth Code:

6060

(G) Affiliation Detail (H) Affiliation Date (Minimum 3yr):

1/10/2018

(I) Affiliation Letter No.:

LT/180/18A

(J) PAN No. (if any):

xxxxxx

(K) Date of Affiliation with Dept. (Minimum 3yr):

05/08/2018

(L) Upload Affiliation Letter (if any)

(PDF File Size should be less than 500kb)

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(M) you can attach the following documents: (Maximum 3 files of size less than 500kb)

xxxxxx

(N) PAN No. (if any)

xxxxxx

xxxxxx

(O) Upload other

xxxxxx

(P) Maximum size of uploading any one document file is 500kb

(E) NAACINBA रेटिंग से इजाजत जरी था। प्रमाण पत्र (Date: / /) :-

(F) अतिरिक्त प्रमाणितकरण। शिक्षण संस्थान को NAAC / MBA से रेटिंग से इजाजत जरी था। प्रमाण पत्र के संदर्भ से जरी (अतिरिक्त तिथि: (dd/mm/yyyy)) :-

(G) NAACINBA रेटिंग से इजाजत जरी था। प्रमाण पत्र (Date: / /)
(PDF File Size should be less than 500kb)

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