



**आभूति एव शुल्क प्रतिपूर्ति ऑनलाइन प्रणाली**

UPGSRAS

उत्तर प्रदेश सरकार

SCHOLARSHIP & FEE REIMBURSEMENT ONLINE SYSTEM



प्रमुखमंत्री, उत्तर प्रदेश

**Indian College Profile Entry (2021-22)**

<p><b>1. Detail of Institute/College (a) Institute /College Type</b></p> <p>1. College <input type="text"/></p> <p><b>(b) ADDRESS</b></p> <p>2. COLLEGE ROAD/STATION ROAD <input type="text"/></p> <p><b>(c) District</b></p> <p>3. DISTRICT <input type="text"/></p>	<p><b>(d) University /Affiliated Code</b></p> <p>4. CODE <input type="text"/></p> <p><b>(e) Phone no with STD Code</b></p> <p>5. PHONE NO <input type="text"/></p> <p><b>(f) Affiliation</b>      <b>(g) Institute /Affiliation Code</b></p> <p>6. TYPE <input type="text"/></p> <p>7. UPGSRAS <input type="text"/></p>	
<p><b>2. Detail of Principal (a) Name</b></p> <p>8. PRINCIPAL NAME <input type="text"/></p> <p><b>(b) Mobile No.</b></p> <p>9. MOBILE NO <input type="text"/></p>	<p><b>(c) Email ID</b></p> <p>10. EMAIL ID <input type="text"/></p> <p><b>(d) Phone no With STD Code</b></p> <p>11. PHONE NO <input type="text"/></p>	
<p><b>3. Detail of Branch Office (a) Name</b></p> <p>12. BRANCH NAME <input type="text"/></p> <p><b>(b) Email ID</b></p> <p>13. BRANCH EMAIL ID <input type="text"/></p> <p><b>(c) Phone no With STD Code</b></p> <p>14. BRANCH PHONE NO <input type="text"/></p>	<p><b>(d) Designation</b></p> <p>15. DESIGNATION <input type="text"/></p> <p><b>(e) Mobile No.</b></p> <p>16. MOBILE NO <input type="text"/></p> <p><b>(f) Dist. / Area Code</b></p> <p>17. DISTRICT <input type="text"/></p>	
<p><b>4. Affidavit Detail (a) Affidavit Date (dd/mm/yyyy)</b></p> <p>18. AFFIDAVIT DATE <input type="text"/></p> <p><b>(b) Name of Signer</b></p> <p>19. SIGNER NAME <input type="text"/></p>	<p><b>(c) Affidavit Letter No</b></p> <p>20. AFFIDAVIT LETTER NO <input type="text"/></p> <p><b>(d) Date of Affidavit (dd/mm/yyyy)</b></p> <p>21. AFFIDAVIT DATE <input type="text"/></p>	
<p><b>5. प्र. सं. एवं जिला/विशेषज्ञ/प्राचार्य/प्राचार्या का पता (a) जिला</b></p> <p>22. DISTRICT <input type="text"/></p>		<p><b>(b) Name of Signer</b>      <b>(c) Mobile No</b></p> <p>23. SIGNER NAME <input type="text"/></p> <p>24. MOBILE NO <input type="text"/></p>
<p><b>(d) Signature of Signer (b) Name of Signer</b></p> <p>25. SIGNATURE OF SIGNER <input type="text"/></p> <p>26. NAME OF SIGNER <input type="text"/></p>	<p><b>(e) Signature of Signer (c) Name of Signer</b></p> <p>27. SIGNATURE OF SIGNER <input type="text"/></p> <p>28. NAME OF SIGNER <input type="text"/></p>	<p><b>(f) Signature of Signer (d) Name of Signer</b></p> <p>29. SIGNATURE OF SIGNER <input type="text"/></p> <p>30. NAME OF SIGNER <input type="text"/></p>
<p><b>(g) Signature of Signer (e) Name of Signer</b></p> <p>31. SIGNATURE OF SIGNER <input type="text"/></p> <p>32. NAME OF SIGNER <input type="text"/></p>		
<p><b>Verification Code</b></p> <p>33. VERIFY CODE <input type="text"/></p>	<p><b>U.P. Government</b></p> <p>34. UPGSRAS <input type="text"/></p> <p>35. UPGSRAS <input type="text"/></p>	