छात्रवृत्ति और शुल्क प्रतिपूर्ति ऑनलाइन प्रणाली
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1. District	**2. Institute /College Type**
Sitapur	Medical / Paramedical Inst./ College
3. Name Of Institute	**4. Is Minority Institution ?**
KRISHNA PAL SINGH INSTITUTE OF MEDICAL SCIENCE	No
5. Managament Type	**(A).Address**
Private	VILL AND POST TAMBOUR
(B).Phone No with STD	**(C).Email ID**
7084264999	kpspgcst11@gmail.com
(D).Affiliation State	**(E).Institute Affiliation***
State	U.P Board Of Technical Education
6Detail of Principal (A).Name*	**(B).Email ID***
YOGENDRA KUMAR	kpspgcst11@gmail.com
(C).Mobile No.*	**(D).Phone no With STD Code***
7084264999	7084264999
7.Detail of Nodal Officer (A).Name	**(B).Designation***
DILEEP KUMAR	LECTURER
(C).Email ID	**(D).Mobile No**
yadavdellep375@gmail.com	8601422220
(E).Phone no With STD Code	**8.Dise / Aishe COde:-**
8601422220	00000
9.Affiliation Detail (A).Affiliation Date (dd/mm/yyyy)	**(B).Affiliation Letter No**
23/12/2022	11127
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