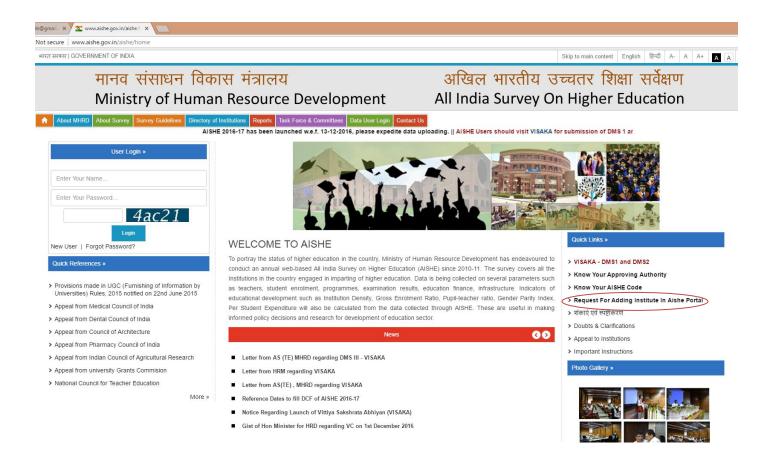
पोर्टल पर नया महाविद्यालय जोडने हेतु

aishe.gov.in



Request Form for addir	ng Institution	
Nodal Officer Profile		
Officer Name *		
Designation *		
Email*		
Email		
(e.g. userid@123.com)		
Phone Landline		
Phone Landine		
	Allowed only numbers with STD Code(e.g. 011 21221222).	
Mobile phone*		
Institution Details*		
Institution Category		
Select Institution Type	•	
roof of existance of an insti	tution	
elect a file to upload		
ddress for correspondence ine1*		
ine2		
ity		
tate*		
SELECT STATE		
istrict*		
OFLEGT DISTRICT		
SELECT DISTRICT		
in Code *		
erification Code*		
489e3		
lease enter the code show	n in the image	

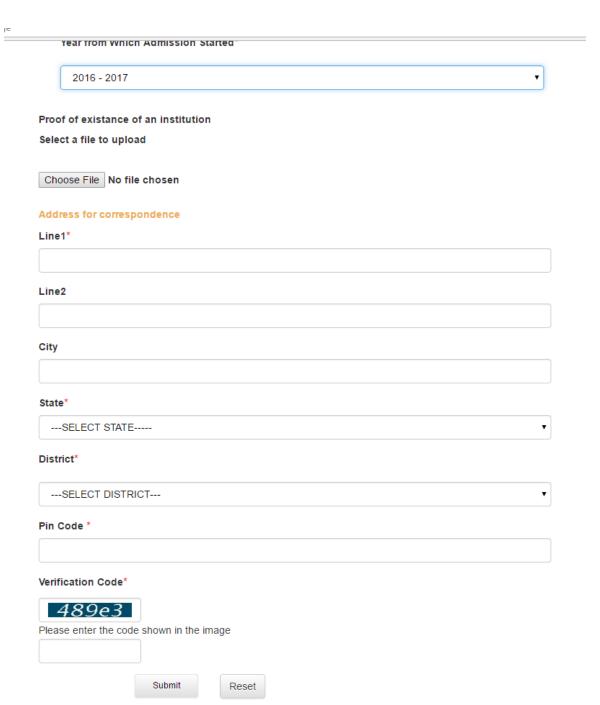
Submit

Reset

अन्य विश्वविद्याालय से स्थानांतरित महाविद्यालय का नाम पोर्टल पर जोडने हेतु (सागर, छिंदवाडा)

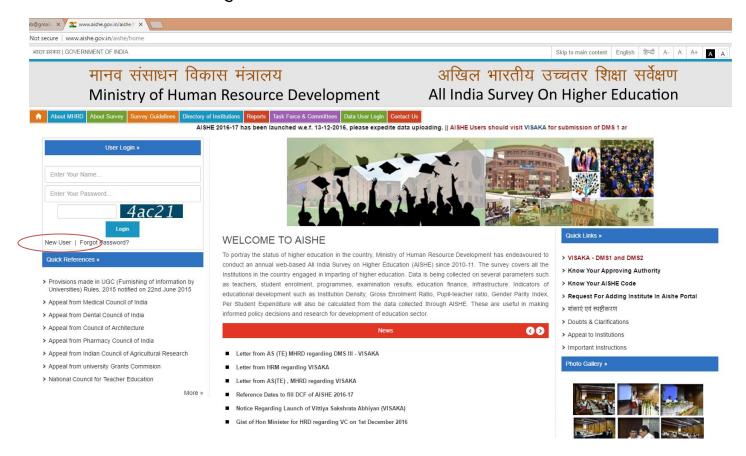
Request Form for adding	g Institution
Nodal Officer Profile	
Officer Name *	
abc	
Designation *	
abc	
Email*	
abc@gmailc.com	
(e.g. userid@123.com)	
Phone Landline	
	Allowed only numbers with STD Code(e.g. 011 21221222).
Mobile phone*	,
1312	
Institution Details*	
Institution Category	
COLLEGE	▼
Name*	
abc	
State*	
MADHYA PRADESH	•
District*	
JABALPUR	•
Location:*	
Rural Urban	

College Type*		
Affiliated College		•
Management Type*		
SELECT		•
Affiliating University Sta	ite*	
MADHYA PRADESH		•
Affiliating University Na	me*	
RANI DURGAVATI VISH	IWAVIDYALAYA, JABALPUR	•
ls Institution Affiliated e	arlier to any other University*	
YES		•
Name Of Other Affiliated	University*	
DR. HARISINGH GAUR	VISHWAVIDYALAYA, SAGAR	•
Year from Which Admiss	ion Started*	
2016 - 2017		•
Proof of existance of an inst	itution	
Select a file to upload		
Choose File No file chosen		
Address for correspondence	l.	
Line1*		
Line2		



ऑनलाईन आवेदन के समय संबद्धता इत्यादि की प्रति अपलोड करना सुनिश्चित करें।

पोर्टल पर महाविद्यालय का नाम जुड़ने के पश्चाल महाविद्यालय को स्वयं पंजीयन करना होगा।



यूजर आई.डी. अनुमोदन हेतु प्राचार्य प्रमाणीकरण (authentication) हेतु पत्र के माध्यन से आवेदन करें। यूजर आई.डी अनुमोदन के पश्चात लागिन कर फार्म डाउनलोड कर उसे भरना है।

Check form के पश्चात पोर्टल पर अपलोड करना होगा।

इसके पश्चात Download Certificate पर जाकर वर्तमान सत्र का प्रमाणपत्र प्रिंट कर एन.ओ.सी. फार्म के साथ संलग्न करें ।

असुविधा की स्थिति में support-aishe@nic.in पर मेल करें।

Information for Addition of College Name (submit only this page with copy of affiliation letter)

College Officer Name:			
Designation :			
E-mail :			
Phone Land-Line:			Mobile No.:
Institution Category (Tick One	e): College /	Stand-/	Alone
College Name:			
State: Madhya Pradesh	District:		
Location (Tick One):			
RuralCollege Type (Tice one):		•	Urban
 Affiliated College PG Centre/Off-Carries Management Type (Tick one): 	ampus Centre	•	Constituent/University College Recognized College
 Central Governm Local Body Private Aided Affiliating University State: 		• • desh	State Government University Private Un-Aided
Is Institution Affiliated earlier	to any other U	Jniversi	ty: Yes/No
Name of other Affiliated Unive	ersity:		
Year from Which Admission S	Started:		
Attach proof of affiliation etc.	2016-Prior t	to 2016-	
Address for Correspondence			
City:	State	: Madhy	a Pradesh
District:	Pin C	ode:	
Role (Tick one: usually Collec	je)		
 College Nursing (Diploma Institute Data Entry Operator PGDM 		Polytechnic Teacher's Training (Diploma) Institute Stand Alone Institution under Ministry	
	Certified by I	Principa	I
Date:			Signature of the Principal Name:
			Seal:
Fror	n Academy Se	ection	

Affiliation status: