

S. No	PARTICULARS	INFORMATION (To be filled by institution in CAPITAL letters)
1	Name of Institution	Global Group of Institutes (C-61561) Sohian Khurd, 11th KM Stone, Amritsar-Batala Road, NH-54AMRITSAR, PUNJAB
2	Whether recognised/included under Section 2 (f) or Section 3 of UGC Act or a Government institution	(To be mentioned here clearly)
3	AISHE code of Institution	C-61561
4	In case of affiliated institution, name of the affiliating University	
5	Postal Address of Institution	BATALA, AMRITSAR RD, NH 54, AMRITSAR, PUNJAB 143501
6	Email ID of institution	
7	Name of Nodal Officer of institution, who is authorised to verify applications on NSP	
8	Mobile Number of Nodal Officer	

- 9. It is certified that Mr./Ms. **BHAGYABEE BARUAH** son/daughter of Mr. **DULAL CHANDRA BARUAH**, National Scholarship Portal (NSP) application ID **AS202021008425320** is a full time, regular and bonafide student of our institution and is studying in _____ YEAR of **B.TECH (COMPUTER SCIENCE & ENGINEERING) - 3 Years** (name of degree). Certified that it is a _____ (General/Professional) course as per the guidelines of scheme. Also, certified that it is a _____ (Dual/Integrated/Single) Degree. The duration of course is _____ years. The nomenclature, type and duration of course is as per UGC Notification on Specification of Degrees, 2014 and its amendments (available at <https://www.ugc.ac.in/>)
- 10. The candidate has applied for scholarship under the scheme **ISHAN UDAY SPECIAL SCHOLARSHIP SCHEME FOR NER** . We have read the guidelines and eligibility conditions for the same at <https://scholarships.gov.in/>. It is certified that the candidate is eligible for scholarship as per the eligibility conditions stipulated in the guidelines. We have seen, checked and verified all the documents submitted by candidate to confirm his/her eligibility for scholarship and all these documents are kept in the safe custody of the Institution.
- 11. We understand that NSP/UGC will disburse the amount of scholarship directly into the account of candidate on the basis of information given by candidate and certified/verified by our Institution. The Institution is fully responsible for the correctness of information given in the online application and eligibility of candidate.
- 12. We understand that in case of misleading/wrong information/wrong verification, the institution is liable to be prosecuted under relevant Sections of IT Act and our Institution may be blacklisted and recognition may be withdrawn.

Signature of Nodal Officer of Institution	Signature of Head of Institution:
Date:	Date:
Seal:	Seal:
Name:	Name:
Designation:	Designation:

Note: To be signed by Head of the Institution i.e. Registrar/Principal/Director. Complete information is required to be filled. Applications with Incomplete information will not be accepted for 2nd level verification.