



प्रश्न

NBA Status (Course-wise)

Name of Institute : \_\_\_\_\_  
DTE Code : \_\_\_\_\_  
Name of Principal / Director: \_\_\_\_\_  
Mobile No of Principal / Director: \_\_\_\_\_

Sr	DTE Code	Name of Institute	UG / PG / Diploma	Course Name	NBA Accredited		Whether Pre-qualifier requirement satisfied (Yes/No)	SAR Uploaded		Remark
					(Yes/No)	Date (Valid up-to)		(Yes/No)	Date of Uploading	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Date : \_\_\_\_\_ Seal of Institute

Name and Signature of  
Principal / Director of the institute.