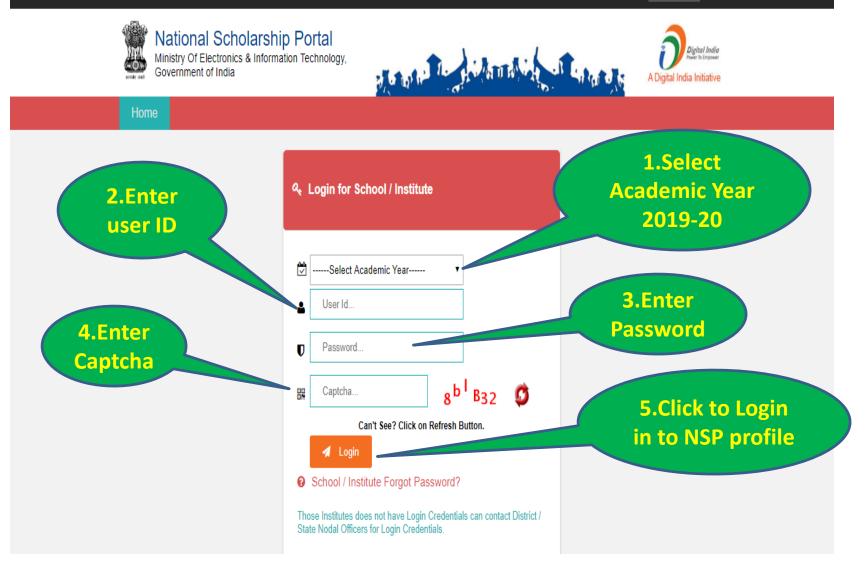
Operational Manual

Operational steps involved to Fill Institute's Registration Form for AY 2019-20

Tue Jul 09 10:22:38 IST 2019

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DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, SARAIRASI, FAIZABAD,FAIZABAD,UTTAR PRADESH - For Academic Year 2019-20 Session



DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, SARAIRASI, FAIZABAD, FAIZABAD, UTTAR PRADESH - For Academic Year 2019-20 Session Form for Registration of Institute Nodal Officer on NSP Welcome: DR. RAM Important Instructions to fill the form: PRASANNA MANIRAM All fields are mandatory MAHAVIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, Utmost care should be taken while appointing the Institute Nodal Officer for NSP(INO-NSP). The Appointed officer would carry out all verifications and SARAIRASI. FAIZABAD, FAIZABAD, UTTAR other activities required in NSP. The person should also be Single point Official Contact(SPOC) for communicating all institute related information/alerts PRADESH User Type: Institute through SMS/email etc. Any partially filled form will be summarily rejected. It is Mandatory to upload scanned copy of valid Identity Proof, like Aadhaar/Voter Id/Driving License etc., of Institute's Nodal Officer for NSP(INO-NSP)(Only pdf & jpeg upto 200kb File Size allowed) Logo 2. Click to Upload Select File* Choose File No file chosen selected scanned View Uploaded Document Upload Identity Proof copy of Valid ID **1. Click to select** Please Click 'View Uploaded Document' button to View uploaded Identity Proof Proof scanned copy of 1. AISHE/DISE/NCVT Code: Valid ID Proof in C-42277 **PDF or JPEG** 2. Name of Institute(As per AISHE/DISE Code Directory)* format upto DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD (Id: C-42277) **200KB from your** local computer

3. Name of the Institute(As per NSP Directory)	
DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRAS	I, FAIZABAD
4. Do You want to change the name as per AISHE/DISE Directory in NSP?* Yes No	
5. Institute Nature(Tick the correct option):*	
Public Trust	
6.Affiliated Board/University Name:	
DR. RAM MANOHAR LOHIA AWADH UNIVERSITY, FAIZABAD	
7. Total student strength in the Institute:" 0	
8. Institute Address:	
SARAIRASI, SARAIRASI, FAIZABAD	
9. Institute State:	10. Institute District:
UTTAR PRADESH	FAIZABAD
11. URL of Institute's Website(If any)*	
Enter Website URL	

Before finally submitting the form it is mandatory to save the entered information by clicking on Save Form button

Name:*	Designation:*
NA	NA
Mobile Number:*	Official Mail Id:
0	NA
Other Contact Number	
0	
13. Details of Designated Institute's Nodal Officer f	
Name:*	Designation:*
NA	NA
Mobile Number:*	Official Mail Id:*
0	ramprassan@gmail.com
Other Contact Number	
0	
Declaration by head of Institution	
Declaration by head of Institution. Note: I hereby declare that the information p authorize the officer as per details in S No	rovided in the above Institute Registration
the rules, scheme guidelines and instruction	rovided in the above institute Regsitration 13 to conduct the verifications and ons issued in respect to the so
Declaration by head of Institution. Note: I hereby declare that the information p authorize the officer as per details in S.No the rules, scheme guidelines and instructi- be responsible for above.	provided in the above institute Regsitration 13 to conduct the verifications and ons issued in respect to the so

Before clicking on "Final Submit" kindly ensure to save the information by clicking the "Save Form" button.

After final submission of the information, an unique Form Refrence ID will be generated and form will be electronically transferred to concerned District Nodal Officer

Fill all the

informations

carefully.

*

name.			
Akhil	10.249.17.135:8080 says		
Mobile Number	Registration information will be saved on the portal	l and will not be	Click on OK to
851282070	allowed to change. Your Registration Form will be e transferred to the District Nodal Officer for the veri	· · · · · · · · · · · · · · · · · · ·	finally submit
Other Contact I	You are requested to kindly contact District Nodal O		
0	the printout of the Registration Form.	-	Registration
			Form, An OTP
13. Details of D		ОК	will be sent to
Name:*		Designation.	
Ravi		Teacher	Institute Nodal
Mobile Number:*	•	Official Mail Id:*	Officer's Mobile
9868412459		ravi123@gmail.com	provided at
Other Contact N	umber		
24305809			Point No13 of
			online form
	by head of Institution. declare that the information provided in the above Ins	titute Registration form is true to my k	mowledge L hereb
authorize the	officer as per details in S.No.13 to conduct the verific eme guidelines and instructions issued in respect to	ations and other related activities at N	SP. INO-NSP will ab
be responsibl			
Save	Form Final Submit	Print	
Ourc			

Before clicking on "Final Submit" kindly ensure to save the information by clicking the "Save Form" button.

Ministry Of Electronics & Information Technology, Government of India



DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, SARAIRASI, FAIZABAD,FAIZABAD,UTTAR PRADESH - For Academic Year 2019-20 Session



OTP Verification	
OTP has been sent on your Registered Please Enter 5 Digit OTP *	Mobile No.
JZSO9	
Confirm OTP	

Now Enter OTP and Click on Confirm OTP button. Your Form will be successfully submitted. MATIONAL SCHOLARSHIP PORTAL Ministry Of Electronics & Information Technology, Government of India



DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, SARAIRASI, FAIZABAD,FAIZABAD,UTTAR PRADESH - For Academic Year 2019-20 Session



MAHAYIDYALAYA, SARAIRASI, FAIZABAD(C-42277)SARAIRASI, SARAIRASI, FAIZABAD,FAIZABAD,UTTAR PRADESH User Type: Institute



Form for Registration of Institute Nodal Officer on NSP

Important Instructions to fill the form:

All fields are mandatory

Utmost care should be taken while appointing the Institute Nodal Officer for NSP(INO-NSP). The Appointed officer would carry out all verifications and

other activities required in NSP. The person should also be Single point Official Contact(SPOC) for communicating all institute related information/aler
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through SMS/email etc.

Any partially filled form will be summarily rejected.

You have successfully Submitted the Form. Your Form Referece Number is: UP20192041

It is Mandatory to upload scanned copy of valid Identity Proof, like Aadhaa of Institute's Nodal Officer for NSP(INO-NSP)(Only pdf & jpeg upto 200kb File s

Select File*

Choose File No file chosen

View Uploaded Document Upload Identity Proof

Please Click 'View Uploaded Document' button to View uploaded Identity Proof

Form Refrence ID generated after successful submission

instituteFormPrint ¢ 🛨 ē Print Date: 09/07/2019 10:49:40 Institute Nodal Officer Registration Form Form No.: UP20192041 Important instruction to fill the form: i. The information should match with the information furnished by the institute/school to AISHE/U-DISE/NCVT/SCVT. ii. Utmost care should be taken while appointing the institute Nodal Officer for NSP (INO-NSP). The appointed officer would carry out verification and other activites required in the NSP. The person would also be SPOC for communicating all Institutute related information/alerts through SMS/email/OTP etc. iii. All fields are mandatory. Partially filled form will be summarily rejected. iv. Fully filled and verified form should be submitted physically to the respective District or State officer of any scheme onboarded on NSP . (1) AISHE/DISE/NCVT Code: C-42277 (2) Name of the Institute (as per AISHE/DISE/NCVT/SCVT master): DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD (3) Name of the Institute (to be displayed on NSP): DR. RAM PRASANNA MANIRAM MAHAVIDYALAYA, SARAIRASI, FAIZABAD (Id: C-42277) 1 L 7 F (4) Institute Nature: Government Institutes (5) Affiliated Board/University: DR. RAM MANOHAR LOHIA AWADH UNIVERSITY, FAIZABAD (6) Total Student strength in Institute: 1000 (7) Institute Address:

Registration Form generated by the NSP2.0. Take printout of this form and submit dully signed and stamped form to the District Nodal Officer