



# NCTE

National Council for Teacher Education  
(A Statutory Body of the Government of India)

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GIS Application

GIS Application ID : 3048187

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**Name of Institution**

GHG COLLEGE OF TEACHERS TRAINING

**Name of Society/Trust//Company**

GURU HARGOBIND MEDICAL EDUCATION SOCIETY

**Management Category**

Private

**Institution Category**

Co-Education

**Whether the Instituted is a Composite Institution**

Yes No

**Whether the Instituted is a Minority Institute**

Yes No

**Address (with Plot No./Khasra No.)**

Plot No. 637/658 Ludhiana Road Village Gondwal

**Name of Village**

Gondwal

**Tehsil/Division**

Raikot

**State**

Punjab

**District**

Ludhiana

**Pin Code**

141109

**Mobile No.**

9814211544

**Landline Telephone No.**

01624264244

**Latitudinal Position of Institute**

30.654594

**Longitudinal Position of Institute**

75.599775

**Jurisdiction Region**

North Regional Committee

**E-Mail ID**

drblbansal@yahoo.com

**Website Address**<http://www.ghgraikot.com/>**Details on Courses Recognised Till Date**

Application ID	Name of Course	No. of Units	Date of Recognition	Recognition Order No	Name of Affiliating Body/ University	Scan Copy of Recognition Order (attach/upload)
F.NRC/NCTE/NRCAPP-1408	D.El.Ed	1	2012-06-29	NRC/NCTE/NRCAPP-1408/200 meeting/2012/24269	SCERT CHANDIGARH	PDF

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**Any Other Information**

Nil

The above provided information pertaining to my Institution is true to the best of my knowledge. For any deviation & false information, myself and my Institution/Trust/Society/Company would be held responsible and NCTE would be at liberty to take necessary action against my Institution/Trust/Society/Company under relevant provisions of NCTE Act/Rule/Regulations.

**Name of Authorised Person**

Dr. B. L. Bansal

**Designation**

Chairman

**Mobile Number for Authorised Person**

9814211544

**Upload Scanned Signature of Authorized Person along with Institute Round Seal**

IMG

**Upload Scanned digital passport photo of Authorised Person**

IMG

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**Action taken By**

North User

**Action taken on**

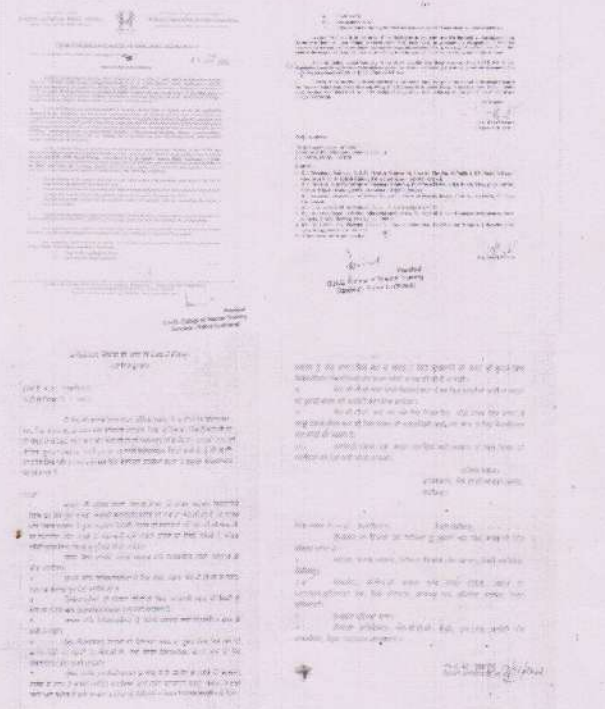

25-01-2016



**Approval Reason**

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Sr. No.	Particulars of the information /department	To be filled/ provided by the institution
1.	Name of the institution.	GHG College of Teacher Training, Gondwal, Raikot.
2.	Address of the institution.	Plot No. 637/658 Ludhiana Road Village Gondwal.
3.	Name of the managing society/ trust/ company.	Guru Hargobind Medical Education Society.
4.	Scanned soft copy of the recognition/revised recognition Order	
5.	Management category (Govt. /Govt. unaided/ Deemed University/ Private University / Central University/ State University/ Self -financed private insitution).	Self Financed Private Institution
6.	Proof of the composite institution.	NA
7.	Proof regarding Minority Institution ,if any.	NA
8.	Scanned soft copy of the signature of authorised signatory.	

9.	Scanned passport size photograph of the authorised signatory.	
10.	Longitude and Latitude position of the Institution.	Latitude : 30.4941 Longitude : 75.4523
11.	E-mail ID of the institution authorized signatory.	<a href="mailto:drblbansal@yahoo.com">drblbansal@yahoo.com</a>
12.	Website address of the functional website of the institution.	<a href="http://www.ghgraikot.com">http://www.ghgraikot.com</a>
13.	Name, designation and Mobile number of the authorized signatory of the institution.	Dr. Varun Bansal (Sect.), Mob.9814230744
14.	Seal of the institution	
15.	Land line number of the Institution	01624264244