



OMKAR COLLEGE

of Distance Education

Under the trust of Omkar Foundation

NIMTALA, MOGRA, HOOGHLY.

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ACADEMIC PROGRAMME PARTNER FORM

NAME OF THE INSTITUTE: _____

INSTITUTE ADDRESS: _____

AFFIX SELF ATTESTED

PHOTOGRAPH

CONTACT NO: _____ WHATSAPP NO: _____

EMAIL ID: _____

WEBSITE OF THE INSTITUTE (IF ANY): _____

REGISTERED OFFICE - ADDRESS		
	DISTRICT _____ STATE _____ PIN _____	
TYPE OF REGISTERED ORGANIZATION (Tick most appropriate and enclose Self-attested the necessary details and proof)	TRUST () CO-OPERRATIVE SOCIETY () COLLEGE UG/PG & ABOVE () SOCIETY () AUTONOMOUS INSTITUTION () GOVT. ORGANIZATON () COMPANY/S 25 () IF OTHERS SPECIFY _____	
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HEAD OF THE REGISTERED ORGANIZATION (CHAIRMAN/ PRESIDENT/ MANAGING DIRECTOR/ SECRETARY/ PROPRIETOR)	NAME	DESIGNATION
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