

INSTITUTIONAL GEOGRAPHIC INFORMATION SYSTEM (GIS) DATA CAPTURE FORMAT (DCF)

GIS Application Reference Number

Name of Institution

Name of Society/Trust/Company

Management Category

Institution Category

Whether the Institute is a Composite Institution

Whether the Institute is a Minority Institute

Address (with Plot No./Khasra No.)

Name of Village

Tehsil/Division

State/Union Territory

District

Pincode

Mobile Number

Landline Telephone Number

Latitudinal Position of Institute

Longitudinal Position of Institute Jurisdiction Region

Website Address

E-Mail ID

SANDARAVADHANAM TEACHER TRAINING INSTITUTE

and COLLEGE OF EDUCATION

MRK MEMORIAL EDUCATIONAL TRUST

Private

3031100

Co-Education

Yes

No

118/8B2

PAZHANCHANALLUR

KATTUMANNARKOIL

Tamil Nadu

Cuddalore

608301

9443643180

04144260345

11.277163

79.512253

South Regional Committee

mrkmetdted@gmail.com

http://mrkmet.org

Details on Courses Recognised Till Date

Application ID	Name of Course	No. of Units	Date of Recognition	Recognition Order No	Name of Affiliating
SRO/ APS04931	D.El.Ed	1	2006-9-28	8056	University SCERT,
SRO/ APS08558 SRO/	D.El.Ed	1	2007-11-2	14048	SCERT, CHENNAI
APS08940	B.Ed	2	2015-5-27	65663	TAMILNADU TEACHERS EDUCATION UNIVERSITY

The above provided information pertaining to my Institution is true to the best of my knowledge. For any deviation and 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 under relevant provisions of NCTE Act/Rule/Regulations.

Any Other Information			1
Name of the Authorised Person	R. DEIVASIKAMANI		
Designation of the Authorised Person	CORRESPONDENT	*	
Mobile Number of the Authorised Person	9443643180		
Signature of Authorized Person along with Institute Round Seal	James in.		
	Date: Date:		





Dardon



