

**PART-B**  
**CHAIRMAN/PRESIDENT/CORRESPONDENT AND SMC DETAILS**

KYC		
Payment	Chairman/President's/Correspondent Name *	<input type="text"/>
	Chairman/President's/Correspondent Address *	<input type="text"/>
Part A	Chairman/President's/Correspondent Phone (Office) *	<input type="text"/>
Part B	Chairman/President's/Correspondent Phone (Residence) *	<input type="text"/>
Academic Quality Parameters	Secretary Name *	<input type="text"/>
	Total Members *	<input type="text"/>
	Academic Session *	--select-- ▼
Payment	Whether the School Managing Committee has been constituted as per of requirements of Affiliation Bye-	--select-- ▼

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