# MQfNbG.png

# **University Grants Commission**

# **National Registry**

# **Of**

# **Higher Education Institutions**

**For UGC Official Use:**

**National Higher Education Provider (**NHEP) Number: ……………………….

Date of Registration: ……………… AD

………………BS

|  |  |
| --- | --- |
| **Name of the Institution\*** | **Narad Adarsha Education Campus Basaha** |
| Name of Affiliating University | **Tribhuvan University** |
| Date of Establishment\* | 6/11/2003 (dd/mm/yyyy) AD 2060/07/20 (dd/mm/yyyy) BS |
| Province | **Koshi** |
| Ecological Zone | **Bhitri Madhesh (Iner Terai)** |
| District | Udayapur |
| Name of the Local Government Unit: | Chaudandigadhi Municipability |
| Ward Number: | 04 |
| Postal Code: |  |
| Street name / Street Address: | Barshedanda |
| Building Number: |  |
| Institutional Telephone Number: |  |
| Institutional Mobile Number: | 9844867679 |
| Institutions E-mail Address: | naradadarsha60@gmail.com |
| Website of Institution: |  |

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| **Accreditation Status (Choose one):** Re-accredited; Accredited; PRT Completed; Preparatory Assessment completed; SSR Accepted; LOI Accepted; Not Participated; | ….………… |
| Date of Accreditation: | 1st: ………………. (dd/mm/yyyy) AD / ……………dd/mm/yyyy) BS  2nd: :: ………………. (dd/mm/yyyy) AD / …………dd/mm/yyyy) BS  3rd: :: ………………. (dd/mm/yyyy) AD / …………dd/mm/yyyy) BS |
| **Type of Institution (Choose applicable):** Conventional University; Open / Distant Education University; Technical University (Health Academy / Technical Academy); Research Institution / Research Laboratory; Constituent Campus (Multiple Campus); Constituent Campus (Technical Institute / Faculty); Constituent Campus (Central Department); Constituent Campus (School); Affiliated Community Campus; Affiliated Private College; College affiliated to Foreign University | Affiliated Community Campus |
| Date of Government (MOEST) approval (applicable only to the Institution affiliated to foreign universities): | …………………. (dd/mm/yyyy) AD /……………………dd/mm/yyyy) BS |