Courses Name	Nos. of Seats as per the affiliation letter	Nos. of Teachers	Affiliation Date From- To
	the anniation letter		FIOIII- 10
	+		
ne above information is true t	o the best of my knowle	edge.	
		with Stamp Manager/Secretary	
	Drincinal/	IVI 2 N 2 G D F / \ D C F D T 2 F V /	