To, The chairman & Founder Director National Council of Educational Training Institute and Research Recognition of HONE SKILL WELFARE FOUNDATION (Govt Of India) Burari Mukundpur Delhi India 1100042

Sub: consent letter for Training provider

Dear sir,

We are already talked about the same, and we would like to become as a Training provider for Department of IT Computer, Department of Paramedical & Health Science courses we are sending our proposals on above subject for center approval Under the scheme of recognition of prior Learning scheme. Kindly confirm and start the process for the same.

Thanking you

Yours faithfully

(SURAJ KUMAR SINGH)

(Suraj Paramedical Institute And Research Centre Authorized signed with stamp)



## CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	SURAJ KUMAR SINGH
Email	surajkumartaraiya00@gmail.com
Phone Number	9006667300
Designation	Director
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	
AdhaarCardNumber	317465239994

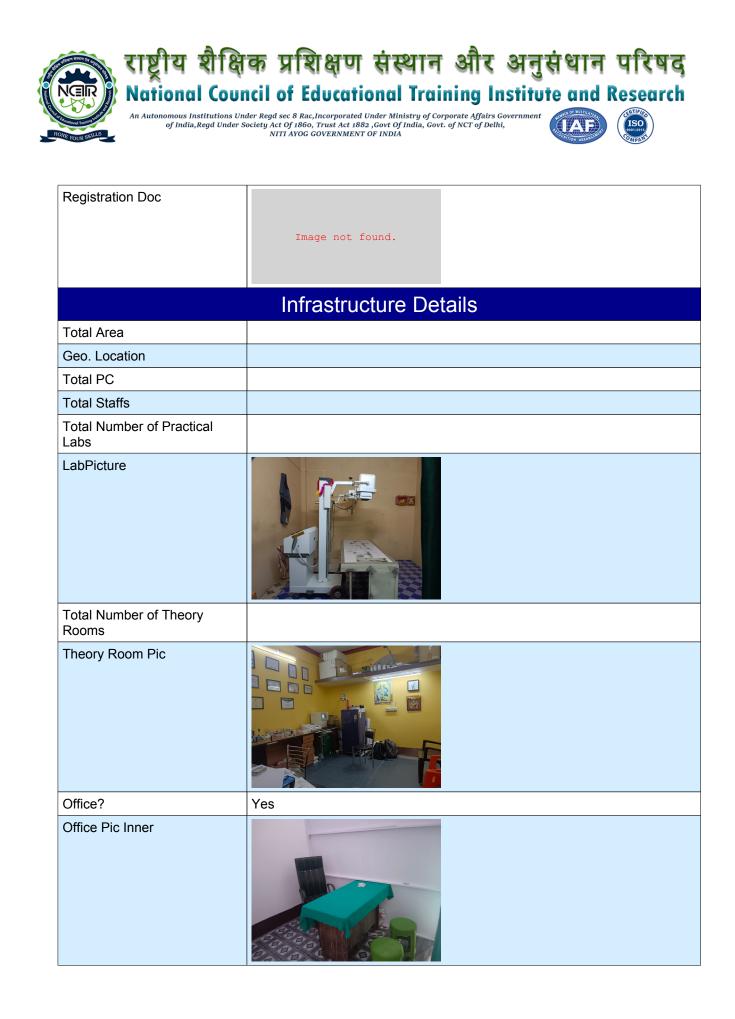


## राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान और अनुसंधान परिषद National Council of Educational Training Institute and Research

An Autonomous Institutions Under Regd sec 8 Rac,Incorporated Under Ministry of Corporate Affairs Government of India,Regd Under Society Act Of 1860, Trust Act 1882, Govt Of India, Govt. of NCT of Delhi, NITI AYOG GOVERNMENT OF INDIA



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Signature	Sway Kr. Ergt
Permanent Address	TARAIYA SARAN, TARAIYA
State	BR
PIPin	841424
	Institute Details
Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	Suraj Paramedical Institute And Research Centre
Address	Suraj Diagnostic Center Hospital road near Durga mandir Garkha Saran
State	BR
District	Saran
City	Saran
Pin Code	841311
Phone	9006667300
Website	
Registered	No
Туре	
Registration Name	
Registration No	





Office Pic Ou	
Toilet	Male + Female

(SURAJ KUMAR SINGH)

(Suraj Paramedical Institute And Research Centre Authorized signed with stamp)