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 Veterinary 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

(SHRI RAM SWAMI)

(ATOM INSTITUTE Authorized signed with stamp)

CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	SHRI RAM SWAMI
Email	atomclasses@gmail.com
Phone Number	9636833366
Designation	
Last Qualification	Others
Pass Port Pic	
Qualification	Veterinary
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(SHRI RAM SWAMI)

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