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

(RAUSHAN KUMAR)

(BHARAT INSTITUTE OF PARAMEDICAL SCIENCE Authorized signed with stamp)



## CENTER REGISTRATION APPLICATION FORM

| Personal Information |  |
|----------------------|--|
| Full Name            | RAUSHAN KUMAR  |
| Email                | bipspusa@gmail.com   |
| Phone Number         | 9891948597   |
| Designation          |  |
| Last Qualification   |  |
| Pass Port Pic        |  |
| Qualification        |  |
| Qualification Doc    | Image not found.   |
| AdhaarCardNumber     | 551150512428   |
| Aadhar Card          | मारत सरकार         २००           Government of India         आग           गैन कुमर         कि प्रमा           Rashan Kunar         कि प्रमा           पुरुष MALE         अग           5511 5051 2428         अग           VID : 9104 4148 3250 1443         अ           मेरा आग्धार, मेरी पहचान         अ  |
| PAN Card Number      | CTSPK6919F   |
| PAN Card Doc         | अगरत सरकार         INCOME TAX DEPARTMENT         INCOME TA |

| (AN AUTONOMOUS INSTITUTION REGISTERED U<br>RED LINDER MINISTRY OF SKILL DEVELOPMENT AND   REGISTERED GOVE  | NAL COUNCIL OF EDUCATIONAL TRAINING INSTITUTE AND RESEARCH TRUST ( HORE SKILL WELFARE FOUNDATION<br>INDER TRUST ACT. OF 1882 / SCE 8 RAC. INCORPORATED UNDER MINISTRY OF CORPORATE AFFAIRS COVERNMENT OF INDIA)<br>C.R. REG. B.Y. MRB, DEPT OF HIGHE EDUCATION. COVERNMENT OF RIDIA<br>I AAVOG GOVT OF INDIA<br>I MASSOCIATION WITH: QCI (QUALITY COUNCIL OF INDIA)<br>IN ASSOCIATION WITH: QCI (QUALITY COUNCIL OF INDIA) |  |
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| NO MEDIUM ENTERPRISES DEVELOPMENT (MSMED) MSMES COVI OF INICIA<br>Weine Ministry of MSME |  |  |
| WorkExp  |  |  |
| Signature  | Causter  |  |
| Permanent Address  | RAM NACHHATRA FLAT NO-203 FIRST FLOOR 43 A/B SAINIK NAC<br>NAWADA MATIALA WEST DELHI - 110059  |  |
| State  | DL   |  |
| PIPin  | 110059   |  |
|  | Institute Details  |  |
| Faculty  | Department of IT Computer<br>Department of Paramedical & Health Science  |  |
| Institute Name   | BHARAT INSTITUTE OF PARAMEDICAL SCIENCE  |  |
| Address  | WAINI PUSA ROAD NEAR KALI MANDIR SAMASTIPUR BIHAR  |  |
| State  | BR   |  |
| District   | Samastipur   |  |
| City   | Samastipur   |  |
| Pin Code   | 848131   |  |
| Phone  | 9891948597   |  |
| Website  |  |  |
| Registered   | No   |  |
| Туре   |  |  |
| Registration Name  |  |  |
| Registration No  |  |  |
| Registration Doc   | Image not found.   |  |
|  | Infrastructure Details   |  |
| Total Area   | 2000   |  |
| Geo. Location  | Rural  |  |
| Total PC   | 2  |  |
| Total Staffs   | 15   |  |

| <b>STRUCT REAL REAL PROVIDENT OF CONCUMENT OF THE ADD REAL TRAINING INSTITUTE ADD RESERCT TURES (NOT OF NOT ADD RESERCT TO THE ADD RESERCT TO TT</b> |                  |  |
|--|------------------|--|
| LabPicture   |                  |  |
| Total Number of Theory<br>Rooms  | 5                |  |
| Theory Room Pic  | Image not found. |  |
| Office?  | Yes              |  |
| Office Pic Inner   |                  |  |
| Office Pic Outter  |                  |  |
| Toilet   | Male + Female    |  |

(RAUSHAN KUMAR )

(BHARAT INSTITUTE OF PARAMEDICAL SCIENCE Authorized signed with stamp)