

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

(PRAVEEN KUMAR)

(POOJA SINHA INSTITUTE OF PARAMEDICAL & HEALTH SCIENCE Authorized signed with stamp)



राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान एवं अनुसंधान परिषद् NATIONAL COUNCIL OF EDUCATIONAL TRAINING INSTITUTE AND RESEARCH

(AN AUTONOMOUS INSTITUTION REGISTERED UNDER TRUST ACT. OF 1882 / SEC 8 RAC. INCORPORATED UNDER MINISTRY OF CORPORATE AFFAIRS GOVERNMENT OF INDIA)

- REGISTERED UNDER MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP, GOVT. OF INDIA
- REGISTERED GOVERNMENT NCT. NEW DELHI
- C.R. REGD. BY MHRD, DEPT. OF HIGHER EDUCATION, GOVERNMENT OF INDIA
- INTERNATIONAL ACCREDITATION ORGANIZATION (IAO) U.S.A
- SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (MSMED) MSMEs GOVT OF INDIA
- NGO DARPAN / NITI AAYOG GOVT OF INDIA
- IN ASSOCIATION WITH QCI (QUALITY COUNCIL OF INDIA)
- AN IAF ISO 9001:2015 / 29990:2010 CERTIFIED ORGANIZATIONS
- NCS OF MINISTRY OF LABOUR & EMPLOYMENT GOVT OF INDIA



CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	PRAVEEN KUMAR
Email	pk2720107@gmail.com
Phone Number	6206986881
Designation	Director
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	7226 5815 8415
Aadhar Card	
PAN Card Number	GMDPK6750A



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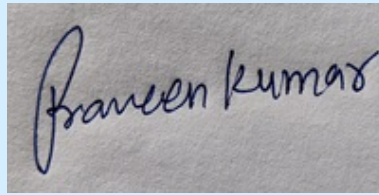


PAN Card Doc



WorkExp

Signature



Permanent Address

S/O: SATYA NARAYAN SINGH, SHRIRAMPUR, SHERPUR, PO: SHERPUR, DARBHANGA, BIHAR

State

BR

PIPin

847204

Institute Details

Faculty

Department of IT Computer
Department of Paramedical & Health Science

Institute Name

POOJA SINHA INSTITUTE OF PARAMEDICAL & HEALTH SCIENCE

Address

S.P.P.I SHERPUR, NEAR HERO AGENCY, SAKATPUR, DARBHANGA

State

BR

District

Darbhangha

City

Darbhangha

Pin Code

847204

Phone

6206986881

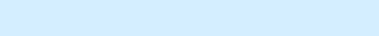
Website



Registered

No

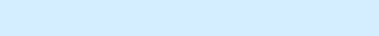
Type



Registration Name



Registration No



Registration Doc

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Infrastructure Details

Total Area

1200

Geo. Location

Rural



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Total PC	2
Total Staffs	4
Total Number of Practical Labs	5
LabPicture	
Total Number of Theory Rooms	2
Theory Room Pic	
Office?	Yes
Office Pic Inner	



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Office Pic Outter



Toilet

Male + Female

(PRAVEEN KUMAR)

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