

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

( Md Afaque Ali)

(Modern paramedical institute Authorized signed with stamp)



# 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



## CENTER REGISTRATION APPLICATION FORM

| Personal Information |   |
|----------------------|---|
| Full Name            | Md Afaque Ali   |
| Email                | mdafaqueali@gmail.com   |
| Phone Number         | 9206227955  |
| Designation          |   |
| Last Qualification   |   |
| Pass Port Pic        |   |
| Qualification        |   |
| Qualification Doc    |  |
| AdhaarCardNumber     | 641379061966  |
| Aadhar Card          |  |
| PAN Card Number      | AKUPA7835K  |



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|                               |   |
|-------------------------------|---|
| PAN Card Doc                  |   |
| WorkExp                       |   |
| Signature                     |   |
| Permanent Address             |   |
| State                         |   |
| PIPin                         |   |
| <b>Institute Details</b>      |   |
| Faculty                       | Department of IT Computer<br>Department of Paramedical & Health Science |
| Institute Name                | Modern paramedical institute  |
| Address                       | Garh par ,Bihar sharif Nalanda  |
| State                         | BR  |
| District                      | Nalanda   |
| City                          | Bihar sharif  |
| Pin Code                      | 803101  |
| Phone                         | 9206227955  |
| Website                       |   |
| Registered                    | No  |
| Type                          |   |
| Registration Name             |   |
| Registration No               |   |
| Registration Doc              |   |
| <b>Infrastructure Details</b> |   |
| Total Area                    |   |
| Geo. Location                 |   |
| Total PC                      |   |



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|                                |               |
|--------------------------------|---------------|
| Total Staffs                   |               |
| Total Number of Practical Labs |               |
| LabPicture                     |               |
| Total Number of Theory Rooms   |               |
| Theory Room Pic                |               |
| Office?                        | Yes           |
| Office Pic Inner               |               |
| Office Pic Outer               |               |
| Toilet                         | Male + Female |

( Md Afaque Ali)

(Modern paramedical institute Authorized signed with stamp)