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

(MALA KUMARI)

(RAMEKWAL YADAV PARAMEDICAL COLLEGE Authorized signed with stamp)















CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	MALA KUMARI
Email	prabhatkumarhimansu@gmail.com
Phone Number	7481077940
Designation	
Last Qualification	
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राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान एवं अनुसंधा 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)

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Permanent Address	W/O:- RAM AKVAL YADAV, WARD O5, VILLAGE-RADH - POST-MAIMLA, BIHAR
State	BR
PIPin	847229
	Institute Details
Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	RAMEKWAL YADAV PARAMEDICAL COLLEGE
Address	Radh, Kaluaahi (Madhubani)
State	BR
District	MADHUBANI
City	RADH
Pin Code	847229
Phone	7481077940
Website	
Registered	No
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Registration Name	
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Office?	No
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(MALA KUMARI)