

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

(DR. SIKANDAR RAMAJAN MULLANI)

(INSTITUTE OF HARBAL AYURVEDIC MEDICINE RES CEN AND EDUCATION  
DEV ACADEMY 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
- SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (MSMED) MSME GOVT OF INDIA


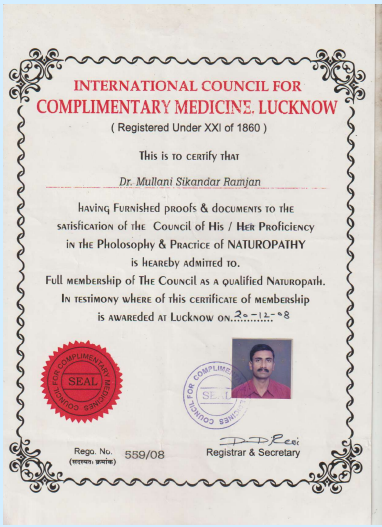
- REGISTERED GOVERNMENT NCT. NEW DELHI
- NGO DARPAN / NITI AAYOG GOVT OF INDIA

- C.R. REGD. BY MHRD, DEPT OF HIGHER EDUCATION, GOVERNMENT OF INDIA
- IN ASSOCIATION WITH: QCI (QUALITY COUNCIL OF INDIA)

- INTERNATIONAL ACCREDITATION ORGANIZATION (IAO) U.S.A
- 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	DR. SIKANDAR RAMAJAN MULLANI
Email	ihamrceda1616@gmail.com
Phone Number	9284529630
Designation	CEO/FOUNDER
Last Qualification	PG
Pass Port Pic	
Qualification	MD(AM), BAAAH.S, MD. C. MS & ED, HAC, DYT, DM, MSW, CSWCJS, PGDRD
Qualification Doc	
AdhaarCardNumber	652341845900



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Aadhar Card



PAN Card Number

BWHPM0039F

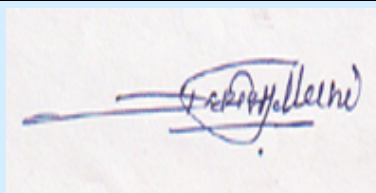
PAN Card Doc



WorkExp

23 YEARS

Signature



Permanent Address

AT POST TITAVE, TAL RADHANAGARI, DIST KOLHAPUR

State

MH

PIPin

416208

## Institute Details

Faculty

Department of IT Computer  
Department of Paramedical & Health Science

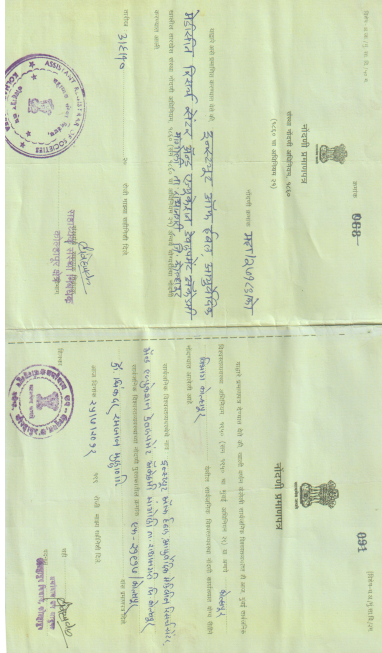


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Institute Name	INSTITUTE OF HERBAL AYURVEDIC MEDICINE RES CEN AND EDUCATION DEV ACADEMY
Address	AT MANGOLI, TAL RADHANAGARI, DIST KOLHAPUR OFFICE SARAWADE, TAL RADHANAGARI
State	MH
District	Kolhapur
City	Radhanagari
Pin Code	416211
Phone	7507537591, 9284529630
Website	
Registered	Yes
Type	NGO
Registration Name	INSTITUTE OF HERBAL AYURVEDIC MEDICINE RES CEN AND EDUCATION DEV ACADEMY
Registration No	MH/27183/KOL F/21917/KOL
Registration Doc	

## Infrastructure Details

Total Area	1500
Geo. Location	Rural
Total PC	3
Total Staffs	4
Total Number of Practical Labs	1





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LabPicture



Total Number of Theory Rooms

1

Theory Room Pic



Office?

No



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Office Pic Inner



Office Pic Outer



Toilet

Male + Female

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