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 Nursery teacher training (NTT) 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

(BABU LAL SHARMA)

(SHARDA YOG & NATUROPATHY TRAINING INSTITUTE PUNANA JAIPUR Authorized signed with stamp)

## CENTER REGISTRATION APPLICATION FORM

Email babulals826@gmail.com Phone Number 0992987072  Designation Director  Last Qualification  Qualification  Qualification Doc  Image not sound.  AdhaarCardNumber 729980917666  Aadhar Card  AdhaarCard Number 729980917666  Aadhar Card Vumber AvyPS65654  PAN Card Number AVyPS65654  PAN Card Doc  AVYPS65654  AAAA AAAA AAAA AAAA AAAA AAAAA AAAAA AAAA	Personal Information	
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**Total Staffs** 

Labs

**Total Number of Practical** 

10 2



## 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





LabPicture



**Total Number of Theory** Rooms

Theory Room Pic



Office?

No

Office Pic Inner







(BABU LAL SHARMA)

(SHARDA YOG & NATUROPATHY TRAINING INSTITUTE PUNANA JAIPUR Authorized signed with stamp)