To, The chairman & Founder Director National Council for Education Training institute and Research(NCETIR FOUDANTION) Recognition
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 Fire, Safety 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
(Raghy)
(Authorized signed with stamp)

CENTER REGISTRATION APPLICATION FORM

Personal Information		
Full Name	Raghy	
Email	biharjanhit@gmail.com	
Phone Number	9060217327	
Designation		
Last Qualification		
Pass Port Pic	Image not found.	
Qualification		
Qualification Doc	Image not found.	
AdhaarCardNumber		
Aadhar Card	Image not found.	
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WorkExp		
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Permanent Address		
State		
PIPin		

Institute Details		
Faculty	Faculty of IT Computer	
Institute Name		
Address		
State		
District		
City		
Pin Code		
Phone		
Website		
Registered	No	
Туре		
Registration Name		
Registration No		
Registration Doc		
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Infrastructure Details		
Total Area		
Geo. Location		
Total PC		
Total Staffs		
Total Number of Practical Labs		
LabPicture		
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Total Number of Theory		
Rooms		
Theory Room Pic		
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Office?	No	



