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 RAUSHAN KUMAR)

(ADHIGAM KIRAN INSTITUTE OF PARAMEDICAL Authorized signed with stamp)















CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	DR RAUSHAN KUMAR
Email	rkhjp941@gmail.com
Phone Number	6200722927
Designation	Director
Last Qualification	PG
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	218895854484
Aadhar Card	## अपना सम्बद्ध
PAN Card Number	DGQPK0375H

राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान एवं अनुसंधान 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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O INTERNATIONAL ACCREDITATION ORGANIZATION (IAO) U.S. A

ENTREPRENEURSHIP, COVT. OF INDIA

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Signature	Counan
Permanent Address	S/O SUBODH DAS, 59, BAGMUSA, BAGMUSA, HAJIPUR, VAISHALI
State	BR
PIPin	844101
	Institute Details
Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	ADHIGAM KIRAN INSTITUTE OF PARAMEDICAL
Address	HAJIPUR
State	BR
District	VAISHALI
City	HAJIPUR
Pin Code	844101
Phone	6200722927
Website	
Registered	No
Туре	
Registration Name	
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Infrastructure Details		
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Geo. Location		
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(ADHIGAM KIRAN INSTITUTE OF PARAMEDICAL Authorized signed with stamp)