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 Yoga & Naturopathy 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

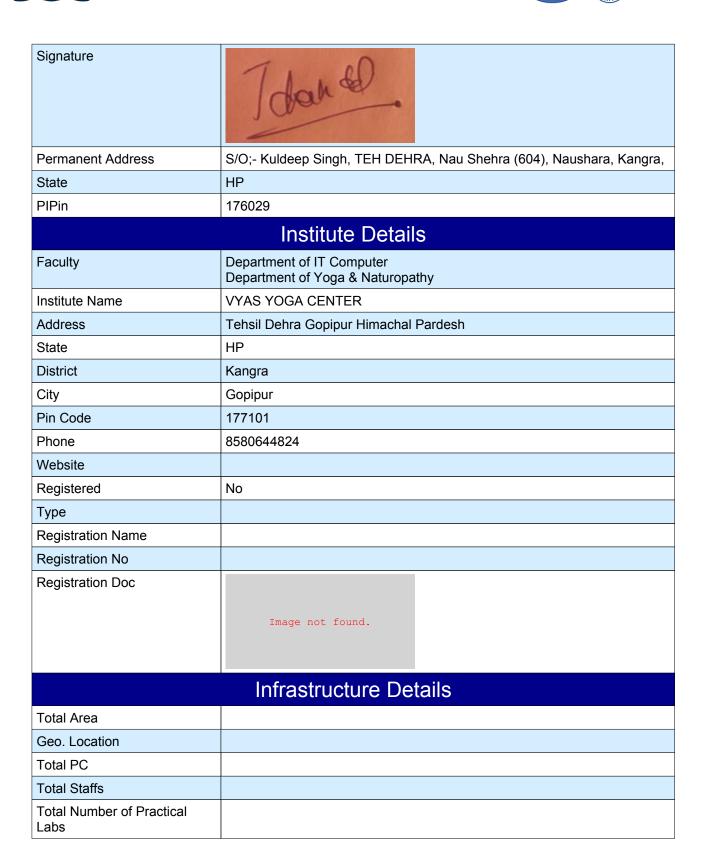
(JITENDER CHANDEL)

(VYAS YOGA CENTER Authorized signed with stamp)

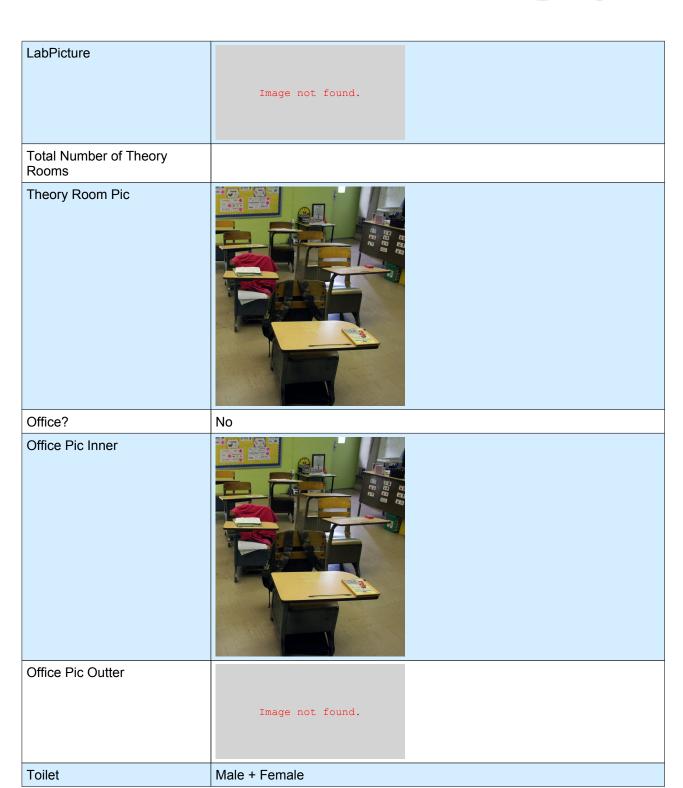
## CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	JITENDER CHANDEL
Email	Lr58879@gmail.com
Phone Number	8580644824
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	550105266261
Aadhar Card	Single   Registration   Registrat
PAN Card Number	ALEPC8149B
PAN Card Doc	आयकर विभाग भारत सरकार GOVT. OF INDIA  JITENDER CHANDEL KULDEIPS INGH 12/11/1987 Permanent Account Number ALEPC8149B Julender Chandel Signature
WorkExp	









(JITENDER CHANDEL)