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

(ASHIYA PARVEEN)

(MARGDARSHAN TEACHER TRAINING COLLEGE Authorized signed with stamp)

## CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	ASHIYA PARVEEN
Email	ashiyaparveen105@Gmail.com
Phone Number	7277162385
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	RAMRUTAR RAJKISHORE MADHENI YADAY INTER COLLEGE Sitamarhi (Dhar) - 843922  COLLEGE LEAVING / TRANSFER CERTIFICATE  Certified that  AND JO, WJo, Shree  TO WILMohalla A 200908  P.O. PUTOUTO  P.S. SATE TO A 16  This College from  A 20000 A 20000  A 3 STATATA A 16  A 20000 A 20000  A 3 STATATA A 16  A 3 STATATA A 16  A 3 STATATA A 16  A 4 STATATA A 16  A 5
AdhaarCardNumber	605190071686
Aadhar Card	अपिया परवीन Ashiya Parveen अस शिंश / Female  6051 9007 1686  मेरा आधार, मेरी पहचान
PAN Card Number	HGQPP2892L







Total PC 2 4 **Total Staffs Total Number of Practical** Labs LabPicture Image not found. **Total Number of Theory** 3 Rooms Theory Room Pic Office? Yes Office Pic Inner Office Pic Outter Toilet Male + Female

(ASHIYA PARVEEN)

(MARGDARSHAN TEACHER TRAINING COLLEGE Authorized signed with stamp)