

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

(SOHAN KUMAR)

(SUNAINA PARAMEDICAL INSTITUTE Authorized signed with stamp)



# राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान एवं अनुसंधान परिषद् 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)

- REGISTERED UNDER MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP, GOVT. OF INDIA
- SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (MSMED) MSMEs GOVT OF INDIA

- REGISTERED GOVERNMENT NCT. NEW DELHI
- NGO DARPAN / NITI AAYOG GOVT OF INDIA

- C.R. REGD. BY MHRD, DEPT OF HIGHER EDUCATION, GOVERNMENT OF INDIA
- IN ASSOCIATION WITH: QCI (QUALITY COUNCIL OF INDIA)

- INTERNATIONAL ACCREDITATION ORGANIZATION (IAO) U.S.A
- AN IAF ISO 9001:2015 / 29990:2010 CERTIFIED ORGANIZATIONS
- NCS OF MINISTRY OF LABOUR & EMPLOYMENT GOVT OF INDIA



## CENTER REGISTRATION APPLICATION FORM

### Personal Information

Full Name	SOHAN KUMAR
Email	sunainaparamedical@gmail.com
Phone Number	9525405600
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	473188299631
Aadhar Card	
PAN Card Number	ECKPK9237D
PAN Card Doc	Image not found.



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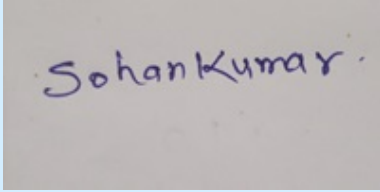
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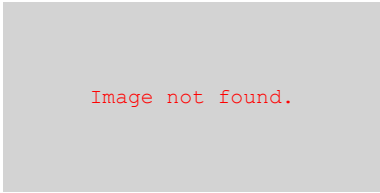
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WorkExp	
Signature	
Permanent Address	S/O SUCHENDRA PRASAD GUPTA, WARD NO, VILLAGE POST GHORASAHAN, GHORASAHAN, EAST CHAMAPARAN, GHORA SAHAN
State	BR
PIPin	845303

## Institute Details

Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	SUNAINA PARAMEDICAL INSTITUTE
Address	NEAR JAGDAMBA VIVAH BHAWAN DHAKA ROAD GHORASAHAN 845303
State	BR
District	East Champaran
City	GHORASAHAN
Pin Code	845303
Phone	9525405600
Website	
Registered	No
Type	
Registration Name	
Registration No	
Registration Doc	

## Infrastructure Details

Total Area	2000
Geo. Location	Rural
Total PC	1
Total Staffs	5
Total Number of Practical Labs	1



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LabPicture

Image not found.

Total Number of Theory Rooms

5

Theory Room Pic

Image not found.

Office?

No

Office Pic Inner



Office Pic Outer



Toilet

(SOHAN KUMAR)

(SUNAINA PARAMEDICAL INSTITUTE Authorized signed with stamp)