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

(BHAGWANTI DEVI INSTITUTE OF NURSERY TEACHER TRAINING Authorized

(RAJU KUMAR)

signed with stamp)

CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	RAJU KUMAR
Email	raju65677@gmail.com
Phone Number	9470449542
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	987820246035
Aadhar Card	9878 2024 6035 WD : 9181 5133 6419 7154
PAN Card Number	CPUPK3992L
PAN Card Doc	आदाकर विभाज INCOME TAX DEPARTMENT GOVT. OF INDIA Fairth लेखा संख्या जाते Permanent Account Number Card CPUPK3992L TO Name BRAJ NAMDAN SINGH Tom un and infrast Date of Birth 16/02/1995
WorkExp	







LabPicture

Total Number of Theory Rooms

Theory Room Pic

Office?

No

Office Pic Inner

Office Pic Outter

(RAJU KUMAR)

(BHAGWANTI DEVI INSTITUTE OF NURSERY TEACHER TRAINING Authorized signed with stamp)