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

(MD MANZOOR ALAM)

(SARWAR FOUNDATION Authorized signed with stamp)

CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	MD MANZOOR ALAM
Email	sarwarfoundation4118@gmail.com
Phone Number	9931283272
Designation	Director
Last Qualification	
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Signature Permanent Address KALYANPUR, KALYANPUR, EAST CHAMPARAN State BR **PIPin** 845413 **Institute Details** Department of IT Computer Faculty Department of Nursery teacher training (NTT) Institute Name SARWAR FOUNDATION Address IN MADRASA CAMPUS AT-PO= KALYANPUR, State BR District East Champaran City **KALYANPUR** Pin Code 845413 Phone 9162474464 Website Registered No Type Registration Name Registration No Registration Doc Image not found. Infrastructure Details 18/12 **Total Area** Geo. Location Total PC **Total Staffs** 6

Total Number of Practical

Labs



LabPicture	Image not found.
Total Number of Theory Rooms	1
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Office?	Yes
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Office Pic Outter	Image not found.
Toilet	Male + Female

(MD MANZOOR ALAM)

(SARWAR FOUNDATION Authorized signed with stamp)