

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

(DR. MD. SHAHBAZ ALAM)

(COMMUNITY PARAMEDICAL INSTITUTE MUZAFFARPUR BIHAR 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	DR. MD. SHAHBAZ ALAM
Email	Shahabaz1786@gmail.com
Phone Number	9771716258
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	779804302839
Aadhar Card	
PAN Card Number	AVNPA1968M
PAN Card Doc	



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WorkExp	
Signature	
Permanent Address	S/O: MD. ALI, 40, DIGHOUN, DIGHAUN, KHAGARIA
State	BR
PIPin	852161

Institute Details

Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	COMMUNITY PARAMEDICAL INSTITUTE MUZAFFARPUR BIHAR
Address	DR.MD.SHAHBAZ ALAM C/O SYED SHAHABUDDIN ASHRAF AZAD ROAD CHANDWARA MUZAFFARPUR BIHAR
State	BR
District	Muzaffarpur
City	MUZAFFARPUR
Pin Code	842001
Phone	9304981620
Website	
Registered	No
Type	
Registration Name	
Registration No	
Registration Doc	

Infrastructure Details

Total Area	1200
Geo. Location	Urban
Total PC	1
Total Staffs	4
Total Number of Practical Labs	1



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LabPicture



Total Number of Theory Rooms

1

Theory Room Pic



Office?

No

Office Pic Inner



Office Pic Outer



Toilet



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RUN BY NATIONAL COUNCIL OF EDUCATIONAL TRAINING INSTITUTE AND RESEARCH TRUST / HONE SKILL WELFARE FOUNDATION
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