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

(OM PRAKASH KUMAR)

(PRAKASH INSTITUTE Authorized signed with stamp)



CENTER REGISTRATION APPLICATION FORM

Personal Information		
Full Name	OM PRAKASH KUMAR	
Email	op311992@gmail.com	
Phone Number	6200847846	
Designation	Director	
Last Qualification	Others	
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Qualification	B.Ed.	
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State	BR
PIPin	843328
	Institute Details
Faculty	Department of IT Computer Department of Nursery teacher training (NTT)
Institute Name	PRAKASH INSTITUTE
Address	PRAKASH INSTITUTE, SRI OM MARKET, NEAR CENTRAL BANK O INDIA,RUNNI SAIDPUR,843328
State	BR
District	SITAMARHI
City	RUNNI SAIDPUR
Pin Code	8433328
Phone	6200847846
Website	
Registered	No
Туре	
Registration Name	
Registration No	
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No

(OM PRAKASH KUMAR)

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