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

(ASHISH ANAND)

(MAHI PARAMEDICAL TRAINING INSTITUTE Authorized signed with stamp)

CENTER REGISTRATION APPLICATION FORM

Personal Information		
Full Name	ASHISH ANAND	
Email	ashishconvergence@gmail.com	
Phone Number	7979807527	
Designation	CEO/FOUNDER	
Last Qualification	UG	
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State	BR
PIPin	843302
	Institute Details
Faculty	Department of IT Computer Department of Paramedical & Health Science
Institute Name	MAHI PARAMEDICAL TRAINING INSTITUTE
Address	MAHI EDUCATION FOUNDATION
State	BR
District	PATNA
City	KANKER
Pin Code	800021
Phone	9060217327
Website	
Registered	No
Туре	
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Total PC	
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(ASHISH ANAND)

(MAHI PARAMEDICAL TRAINING INSTITUTE Authorized signed with stamp)