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

(SHOBHANATH YATI)

(SRI JAGAT GURU SANKRACHARYA PARAMEDICAL INSTITUTE Authorized signed with stamp)



CENTER REGISTRATION APPLICATION FORM

Personal Information	
Full Name	SHOBHANATH YATI
Email	shobhanthyati9@gmaill.com
Phone Number	9919732234
Designation	
Last Qualification	
Pass Port Pic	
Qualification	
Qualification Doc	Image not found.
AdhaarCardNumber	652115471694





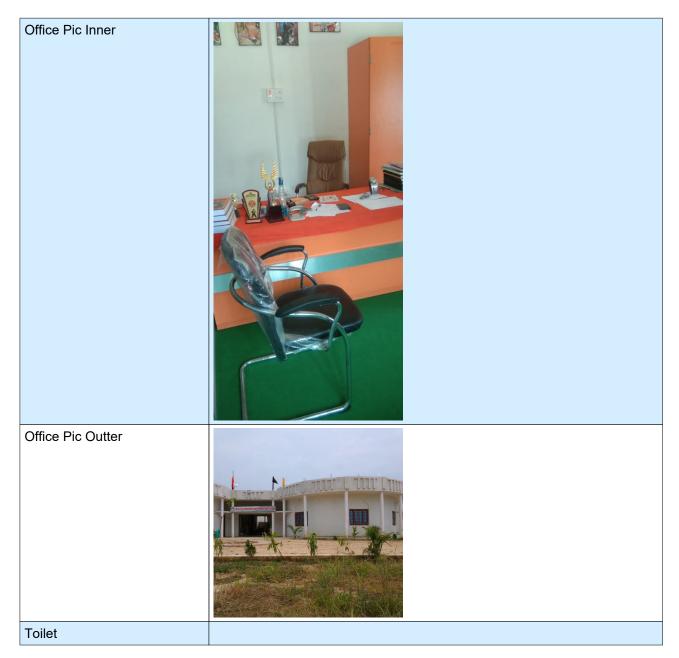
Registration Doc	Image not found.
	Infrastructure Details
Total Area	2500
Geo. Location	Rural
Total PC	10
Total Staffs	4
Total Number of Practical Labs	2
LabPicture	Image not found.
Total Number of Theory Rooms	4
Theory Room Pic	
Office?	No



राष्ट्रीय शैक्षिक प्रशिक्षण संस्थान और अनुसंधान परिषद National Council of Educational Training Institute and Research

An Autonomous Institutions Under Regd sec 8 Rac,Incorporated Under Ministry of Corporate Affairs Government of India,Regd Under Society Act Of 1860, Trust Act 1882 ,Govt Of India, Govt. of NCT of Delhi, NITI AYOG GOVERNMENT OF INDIA





(SHOBHANATH YATI)

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