

On Letterhead of Institution

letter of Interest

Reference No.....

Date.....

To
Head of Affiliation Division
Council of Central Paramedical Faculty
3rd Floor, Peera Grahi, Rohatk Road, Near Metro Station
New Delhi-110041

Subject: Award of Affiliation for Paramedical Training(Healthcare) Institute.

Dear Sir,

We would like to get affiliation of Paramedical Training(Healthcare) Institute from Council of Central Paramedical Faculty.

We believe that our institute meets the all Standards or protocol for Paramedical Training(Healthcare) Institute as prescribed by Council Guidelines. The essential documents required for Affiliation are enclosed.

We also furnish below the particulars of our training centre.

PARTICULARS	DESCRIPTION
Name of the Training Institute (Applicant)	
Organisation Name	
Year of Establishment	
Detailed Address	
Telephone No.	
Mobile No.	
Email Id	
Website if any	
Head of the Training Unit with E mail Id & Mobile No.	
Contact Person besides the Head	

We request you to kindly arrange to Affiliation process for our institute at the earliest.

Yours faithfully,
Sign .and Stamp
(Head of the Paramedical Institution)

Encl: List of documents

- 1.Application form along with all details according to given format.
- 2.Registration Certificate of organization.
- 3.Pan card of Organization.
- 4.ITR of last F.Y. at list one year.
- 5.Rent Deed or Ownership documents .
- 6.KYC of Institution Head.(Aadhaar card, Pan Card, Passport Size Photo).