



ALL INDIA PARAMEDICAL COUNCIL

(REGISTERED WITH MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP GOVT. OF INDIA)

Website: www.allindiaparamedicalcouncil.org

Phone: 7275571040, 9795161070

Affiliation Form

To,

**The President
All India Paramedical Council
Regional Office: Lucknow (UP) India**

Sir,

I, hereby request that I am Manager/Chairman/Principal/Director of the Name

I have carefully all the rules

& regulations of your All India Para Medical Council and am fully satisfied with them. I want to affiliation my Institute for Para

Medical Diploma Courses

I enclose Affiliation Fee Cash / DD No-----Date----- in favor of All India Para Medical Council, Lucknow (UP) Through Transfer IFSC Code----- and Account number

Institute's Name

Postal Address

Post

District

Date of Birth

Pin Code

Nationality

Mobile

Email

Website

Estab Yr

Bank A/c

Infrastructure

Members List

Enclose all Document all Details

Signature President/Manager

Seal

Signature Principal

Financial Status of Institute-----

Financial Status of Institute (Enclose Bank Statement) -----

What is the Financial Sources for further there year-----

Details of the Working teachers in the organization

S No	Name	Address	Qualification	Date of Joining

Name & Designation of main authorized officer for correspondence

Date.....

Signature of Authorized person

With Seal

Declaration

I.....working as at the center
.....(Name of the Center) I am Fully known about the working of the center.

The above details are true to the best of my knowledge. The rules and regulations of All India Paramedical Council, Lucknow, (UP) will be properly followed and accepted by the members & officers of the center in the future.

Date.....

Signature of Authorized person

With Seal