



# JKT PARAMEDICAL Institute of Technology



Web:-[www.jktpmit.com](http://www.jktpmit.com)

Email Id:-[jktpmit@gmail.com](mailto:jktpmit@gmail.com)

## BOARD RESOLUTION ( Suggested Format )

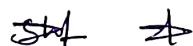
( To be printed on Organization letter head )

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF (Company Name) JKT P.M.I.T. Held on ( Date ) ..1.8.2017..2.8.5.. at ( Address ) B-2/83-84, SBI Road, Sultan Puri New Delhi - 110086.

**RESOLVED THAT** the company has decided to Open a paramedical Institute in the name of JKT P.M.I.T. at Sultan Puri New Delhi to provide healthcare education & training.

**RESOLVED FURTHER THAT** Mr. / Mrs. Vishal Singh is hereby appointed as Director / Coordinator of the (Name of Paramedical Institute ) JKT P.M.I.T. and authorized to sign, submit all the necessary papers, letters, forms, communications and do acts etc as Director / Coordinator of (Name of Paramedical Institute ) JKT P.M.I.T. with PMFNCP Delhi in regards to open Branch of Paramedical Training at New Delhi . The acts done and documents shall be binding on the company, until the same is withdrawn by giving written notice thereof.

Specimen Signatures of Coordinator/ Director

Vishal Singh 

( Signature )

**RESOLVED FURTHER THAT**, a copy of the above resolution duly certified as true by designated director / authorized signatory of the company can be furnished to PMFNCP and such other parties may be required from time to time in connection with the above matter.

For the Organization,

( Seal & Signature )



Name: VISHAL SINGH

Deignation: Director

**Add:- B-2/83-84, 2nd Floor Sultan Puri New Delhi-110086**  
**Phone No:-9968037038**