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National Council of Paramedical, Delhi

(Run by Paramedical Foundation)

A-1/22, Hastal Road, Uttam Nagar, New Delhi-110059

(FORMAT FOR SEEKING APPROVAL OF TRAINING CENTRE / COLLEGE / INSTITUTES
/NGO'S)

1. INFORMATION ABOUT THE TRAINING CENTRE:

- (A) Name of the Institution/Centre : AALOK INSTITUTE OF PARAMEDICAL
- (B) Name of the Regd. Trust/Society :
- (C) Postal Address of institute : 8, Vidhyuvihar Society, opp. Fortune
Landmark Hotel, Nr. Usmanpura water Tank,
Ashram Road, Usmanpura, Ahmedabad
(With Pincode) Gujarat- 380013
- (D) Phone /E-mail / Website : 9825107971, 9265834882
info@aalokorthocure.com
& Social Media Id's (if any)
- (E) Year of Establishment : 1984
- (F) Status of the Institution : Private
(Relevant documents to be attached)
- (G) Govt./Private Institution : Private

(to be specified)

2. INFORMATION ABOUT PRINCIPAL / DIRECTOR/ CO-ORDINATOR / HEAD OF THE INSTITUTION:

- 2.1 Complete Name. : Dr. Saavani Shah
- 2.2 Qualification. : PhD (Chemistry)
- 2.3 Designation. : Co-ordinator
- 2.4 Postal Address with pincode, : G. Vidhyavihar Society, Opp. Fortune
Landmark Hotel, Nr Usmanpura Water
Usmanpura, Ahmedabad - Gujarat
- Email & Mobile No. : saavani.divatia@gmail.com
9825549105
- 2.5 Date of Birth & Age. : 02/06/1986
38 years

3. NAME OF THE COURSE & INTAKES FOR WHICH SEEKING APPROVAL:

<u>NAME OF THE COURSE</u>	<u>APPLYING FOR INTAKES</u>
1. X-RAY (002)	2025-2026
2. Nursing Assistant (006)	2025-2026
3. Anesthesia Technician (019)	2025-2026
4. Physiotherapy Assistant (023)	2025-2026
5. OT Nurse (046)	2025-2026
6.
7.

4. LOCATION OF THE INSTITUTION:

4.1 How to reach from New Delhi

: By Train, Bus, Flight

4.2 Nearest town/city with proper pin code

: Ahmedabad 380013

4.3 Status of the premises whether

: Ownership (Proprietor)
Rented/ownership (attach proof)

4.4 Summarize major development & Free Orthopedic checkup, BMD camp on every 2nd & 4th Friday, participated in medical camps with different NGOs (Rotary club, Lions International) Activities of the last 3 years
we did free checkup of 150+ Patients (Orthopedic, eye, Physician, BMD) on 22nd April 2024 on the occasion of 40th Anniversary of Aalok Hospital

5. TEACHING FACILITIES & INFRASTRUCTURE:

Particulars	Nos.	Capacity
(A) Class rooms	01	60
(B) Laboratories		
(C) Demonstration room		
(D) Reading room cum library	01	10
(E) Staff room	01	5
(F) Toilets	03	(4 th floor - 1 Ground floor - 2)
(G) Hospitals/imaging centres		

6. DETAILS OF FACULTIES / TEACHING STAFF:

(as on date of proposal)

Sr. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status as Full time Or Part time

1.	Dr. Alok Shah	Medical officer	DNB (ortho)	Fresher	01/01/12	Full time
2.	Dr. Kruti Charadava	Clinical Assistant	BAMS	Fresher	06/05/19	Full time
3.	Dr. Hiren Bhatt	Medical officer	MBS	Fresher	01/10/24	Full time

7. FINANCIAL DETAILS OF THE APPLYING INSTITUTION / TRUST / SOCIETY:

- (A) Recurring & Non-recurring details :
 (B) Bank statement of the six month (compulsory) : Attached
 (Photo copy of the latest audit report of the institution/society/trust)
 (C) Copy ITR filed by the Institution :

DECLARATION

I hereby declare that all information furnished by me on behalf of society /trust/ Institution named above are true and correct to the best of my knowledge and belief and nothing has been concealed in it and If at any stage it will be found wrong, the authorities of NCP shall have right to cancel accreditation of my institution and take appropriate legal action against me & my institution. I again declare that I know very well that NCP (A Unit of Paramedical Foundation) is an autonomous organization established under trust Act and running only self employable courses to enhance knowledge and wisdom in the field of Paramedical to become the student selfmade and gives no guarantee of validity in further education or job on the basis of performance awards provided by NCP and no concern with any other similar organization. I declare that I will convey all above information to each and every student who will show his/her interest for taking admission in the courses run by NCP and admit only those student who agreed to get admission after knowing these facts of NCP and If any claim or blame will be raised on the grounds mentioned above by the student or any person, only I & my institution will be responsible for that and NCP will not be responsible or able to compensate by any way. I know very well that NCP (A Unit of Paramedical Foundation) is a social Organisation and working under Indian Trust Act for welfare of Paramedics & its related education, Hence No other Acts, Order, Rules applies or attract the activities of NCP.

Date 15/10/2024

Place AHMEDABAD

Signature
(Head of the Institution with

seal)



AALOK INSTITUTE OF PARAMEDICAL, AHMEDABAD

[Handwritten Signature]

DIRECTOR / PRINCIPAL / TRAINING CENTRE HEAD

DOCUMENTS ENCLOSED / CHECK LIST : (Please Mark)

1. Registration certificate of the Institution/trust/society/NGO
2. Aims & objectives /Bye-laws of the society/trust/NGO
3. Copy of Resolution passed for signing authority on behalf of the society/trust/Institution on their letter head.
4. Photograph of the Institution, Departments, Hospitals.
5. Rented / Lease deed Agreement /Sale deed.
6. Details of the Laboratory Equipments/Chemicals along with the quantities & other materials for practical trainings.
7. List of library books / journals & other literatures
8. Two blank letter heads with sign and stamp.
9. Income-Expenditure & Balance Sheet of the Institution of Last 3 Years Certified by Qualified C. A.
10. Letter of Association / Tie-ups with the Imaging centres / Nursing Homes / Multi-Specialities Hospital.
11. Bio-Data alongwith Qualification Docs of faculties with Passport size photo.
12. MOU Agreement on Rs 100/- stamp paper with NCP.
13. Photo ID & Passport size photo of Center-Incharge.
14. Any other details (Please Specify) _____

Date : 15/10/2024
Place: AHMEDABAD
seal

Signature

Head of the Institution with

ALOK INSTITUTE OF PARAMEDICAL, AHMEDABAD

Mukesh Shah

DIRECTOR / PRINCIPAL / TRAINING CENTRE HEAD