



(Regd. with Neeti Aayog & Approved by Govt. of India under C. R. Act.)

राष्ट्रीय पराचिकित्सकीय परिषद्, दिल्ली National Council of Paramedical, Delhi

(A Unit of Paramedical Foundation, NGO Regd. under Trust Act)

MEMBER : QCI (Quality Council of India)
ISO 9001-2015 CERTIFIED

Format for seeking approval for training / coaching centre from NCP, Delhi

1. Information about the training centre

- a) Name of the Institution/Centre _____
- b) Name of the Regd. Trust/Society _____
- c) Postal Address of institute _____
(with pin code) _____
- d) Phone/Fax/E-mail/Telex _____
(with appropriate code) _____
- e) Year of Establishment _____
(in case of institution) _____
- f) Status of the Institution _____
(Relevant documents to be attached) _____
- g) Govt./Private Institution _____
(to be specified) _____

2. Information about Principal/Director/

Head of the Institution:

- 2.1 Full Name _____
- 2.2 Qualification _____
- 2.3 Designation/Position held _____
- 2.4 Postal address with code No. _____
and Phones with Resi _____
- 2.5 Date of Birth with Age _____

3. Name of the Courses for which the approval is requested and number of seats applied for

1. Name of courses	No. of seats
2.
3.
4.
5.
6.
7.

4. Location of the Institution

4.1 How to reach from New Delhi _____ :

4.2 Nearest town/city with proper pin code _____ :

4.3 Status of the premises whether _____
rented/ownership (attach proof) _____ :

4.4 Summarize major development & activities _____
of the last 3 years _____ :

Particulars	No. of Rooms	Seating Capacity
a) Class rooms
b) Laboratories
c) Demonstration room
d) Reading room cum library
e) Staff room
f) Toilets
g) Hospitals/labs, imaging centers

6. Information About faculty

(as on date of proposal)

Sr. No.	Name	Designation	Qualification	Teaching Experience	Date of Appointment	Status as full time or Part time

7. Financial details of the institution/trust/society

- a) Non-recurring and re-curring details :
- b) Bank statement of the six month (compulsory) :

(Photo copy of the latest audit report of the institution/society/trust)

DECLARATION

I hereby declare that all information furnished by me on behalf of Society / trusts / Institution named above are true and correct to the best of my knowledge and belief and nothing has been concealed in it. 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 actions against me. I again declare that I know very well that this is an autonomous organization established under Trust Act and running only self employable courses to enhance knowledge and wisdom which provide no guarantee for further education or job and no concern with any other similar organization and also never gives any assurance for bus passes for any type of free scholarship providing against training. 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 students who agreed to get admission after knowing the fact of NCP and if any claim or blame will be raised on the ground by the student or any person, only I will be responsible for that and NCP will not be responsible or able to compensate by any way.

Date

Place

Signature
Head of Institution with Seal

DOCUMENTS ENCLOSED : (Please Mark)

- | | | |
|-----|--|--------------------------|
| 1. | Registration certificate of the institution/trust/society/NGO | <input type="checkbox"/> |
| 2. | Aims & objectives/By laws of the society/trust/NGO | <input type="checkbox"/> |
| 3. | Copy of Resolution passed for signing authority on behalf of the society/trust/Institute
on their letter head | <input type="checkbox"/> |
| 4. | Photograph of the institution/departments/hospitals. | <input type="checkbox"/> |
| 5. | Rented/Lease deed Agreement/sale deed. | <input type="checkbox"/> |
| 6. | Details of the Laboratory Equipments/Chemicals along with the quantities & other materials for practical
trainings. | <input type="checkbox"/> |
| 7. | List of library books/journals & other literatures | <input type="checkbox"/> |
| 8. | Two blank letter heads with sign and stamp. | <input type="checkbox"/> |
| 9. | Audit/accounts report (C. A. certified- last 3 years) | <input type="checkbox"/> |
| 10. | Letter of Association/Tie-ups with the imaging Centers /Nursing homes/multi speciality hospitals. | <input type="checkbox"/> |
| 11. | Documents & Bio-data of faculties along with Passport size photo. | <input type="checkbox"/> |
| 12. | Agreement on Rs 100/- stamp paper with NCP. | <input type="checkbox"/> |
| 13. | Aadhar Card Photo ID & Passport size photo of center-incharge. | <input type="checkbox"/> |
| 14. | Any other (Specify) | <input type="checkbox"/> |

Date :

Place :

Signature
Head of Institution with Seal