

PARAMEDICAL EDUCATION & TRAINING COUNCIL



APPLICATION FORM FOR AFFILIATION RENEWAL

Previous Affiliation Code.....

Renewal Date.....

Application for New Courses

1- INFORMATION ABOUT THE INSTITUTION

- 1.1 Name of the Institution: (Use Block Letter only)
- 1.2 Postal Address: (With Pin code, District & State) (Use Block Letter Only):
- 1.3 Registered Address (With Pin code, District & State) (Use Block Letter Only):
- 1.4 Phone/Fax/E-mail/Telex: (With Appropriate Codes)
- 1.5 Year of Establishment:
- 1.6 Previous Year Affiliation Date:

Enclosed Documents

- 1.7 Rent agreement (if you have changed your institute address)
- 1.8 A Request for renewal in your letter head (with seal & sign of institute)
- 1.9 Copy of Previous Affiliation Certificate
- 2.0 Payment Slip or Transaction Id of Renewal fee 10000/-Rs.
- 2.1 Staff details (in our prescribe format)
- 2.2 Latest Bank Statement of Institute
- 2.3 Resolution Copy of your Trust/NGO

Seal & Signature of Director/Principal/ Institute Head