



PARAMEDICAL EDUCATION & TRAINING **COUNCIL**

Laxmi Nagar, Vikas Marg, Delhi – 110092

Application for Industrial Collaboration/Training Center

Date

Day.....

Application for 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 Status of Institution:**
(Relevant Documents to be attached)
 - **Private Institution:**
(Trust/Regd. Societies/Others to be specified)
 - **Phone/Fax/E-mail/Telex :**
(With Appropriate Code)

Physical infrastructure

1. **Status of building**
(Owned, rented, leased)
2. **Total area of building** **sq.ft**
3. **Covered area** **sq.ft**
4. **Class rooms** **no of rooms**
5. **Laboratories**
6. **Library/ reading room**
7. **Demonstration room**

Financial base

Bank /branch name.....

Account title

Account no.....

Date of last external audit.....

Documents to be attached

1. Registration certificate of Trust deed/NGO/Section 8 company/Society Documents
2. Hospital Association letter
3. List of available equipment and chemicals.
4. Latest Bank Statement or Pan Card for address proof of Organization
5. Staff Details (In our prescribed format)
6. Legal agreement (Rs.100 stamp paper in our prescribed format)
7. Membership of management committee(members / partners/ director / trustees)
8. Copy of Resolution
9. Head of department Id & address proof (Aadhar and Pan Card along with one passport size photo)
10. Copy of Lease/Rent/ Ownership deed.
11. Resolution Agreement (In our prescribe format)

Signature with Seal