



State Paramedical Council Delhi

Established in Under The indian T.Act 1882 and Whose Registration No 3380 is
Recognised by The Government of India

(An ISO 29990 : 2010 Certified Council)

AFFILIATION FORM

(This form must be deposited in triplicate & must be filled in CAPITAL LETTERS only)

1. Name of the Institute /Center :
2. Postal Address (Kindly Mention the nearest land mark also):
.....City / Town.....
3. StatePin Code.....
4. Telephone No / Office landline:.....Mobile
Fax Email.....
Website (if any) :Pan No.....
5. Name of the Registered Society /Trust (Enclose Copy of
Registration).....
Address (with Pin Code & Nearest Landmark)
.....
.....
6. Attach a copy of the Driving License / Vote ID Card / Passport
7. Name of the President/ Chairman /Trustee/ Proprietor of the Society Trust / Centre
(Please Fill up The Following Details)

Degree/ Diploma	University/ Institution	Subjects	Year of Passing

Name of Organization	Nature of Business	Year Form	Year to	Annual Turnover	No of Employees in Organization

8. Nominate a Co- ordinate / Representative

Official landline Mobile E-mail.....

9 Current infrastructure that s available with you for educational purpose:

(a) Total area Of the Institute /Center

(b) Total covered area 9in s q .f t)

(c) Number of Floor

(d) No of Rooms available

(e) Power Backup

(f) No of Computer available

(g) Internet Facility available

10. Details of Premises (Attach Relevant Proof):

(a) Whether the land & Building are owned by the Center.

(b) If the Building is rented , Enclose the lease Deep Of Society /Institute

11. Whether the Premises is ready for use if yes what is currently used for :

.....

12 If your Center is also associated with any other University Institute (Give Details)

.....

13 grade your Center

Prefect

Good

Satisfactory

\ Justify

14. Location of the Center:

(a) Remote Area

(b) Easily Accessible

(c) Residential Area

(d) Commercial Area

15. Attach one set of Visiting Card , Letter Head & Profile of your institute :

16 Programme Applied for Authorization ;

DECLARATION

// We hereby declare that detitovide by me us here Above are true to best of my /our knowledge.

Date:.....

Place:.....

Lease Deep of Society Institute .

DD/ CASH DETAILS

If you what is currently used for :

CASH/DD No.....

CASH/DD

Date.....

Drawn on (Bank Name).....

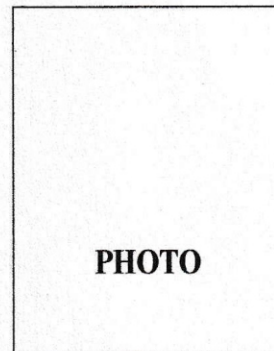
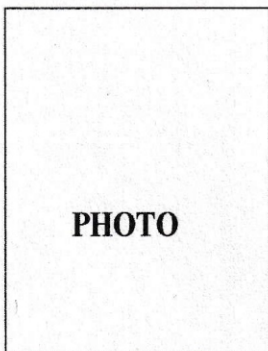
Amount (in Figures)

Rs.....

Other University /institute (give Details

Amount (in words) Rs

- **Fee once paid no refundable /transferable at any cost.**



Signature & Seal of President Of Society /trust

Signature & Seal of Director /Proprietor

(In original , with Date)

(In original with date)