

8. Nominate a Co- ordinate / Representative

Official landline MobileE-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 Deed 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).....

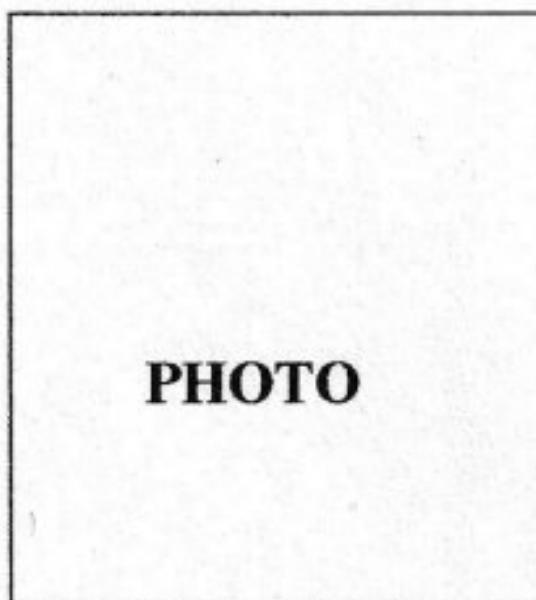
Amount (in Figures)

Rs.....

Other University /institute (give Details

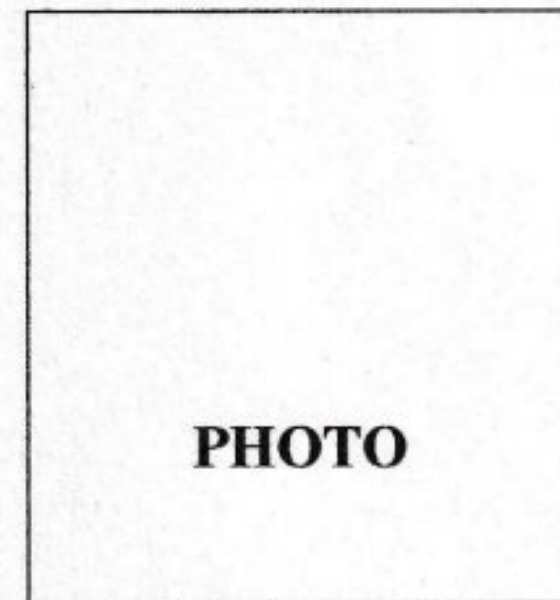
Amount (in words) Rs

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



Signature & Seal of President Of Society /trust

(In original , with Date)



Signature & Seal of Director /Proprietor

(In original with date)



UP STATE PARAMEDICAL COUNCIL

Established in 2019 Under The India T.Act 1882 and Whose Registration No. 2406 is Recognised by The Government of India

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