STATE PARAMEDICAL COUNCIL

Established in 2019 Under The indian T.Act and Whose Registration No 3380 is
Recognised by The Government of India
www.stateparamedicalcouncil.com

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. State ………………………………………………Pin 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. Attract 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 / Representive ....

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
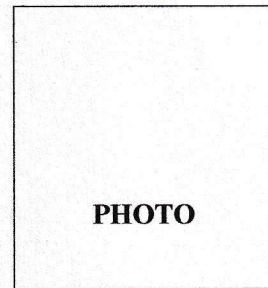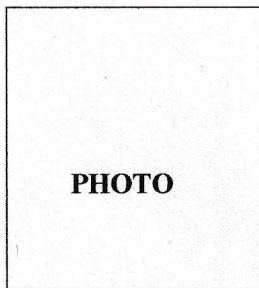## If you what is currently used for :

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.**

PHOTO

PHOTO

Signature & Seal of President Of Society /trust

(In original , with Date)

Signature & Seal of Director /Proprietor

(In original with date)