

APPLICATION FORM FOR TRAINING CENTRE

GENERAL INSTRUCTIONS:

1. The application has to be filled by the Training Centre/College/Institute.
2. Copies of all the relevant documents should be available with the Training Centre during physical audit of the centre/College/Institute.
3. A Print-out of this application form along with hard copies of the relevant documents has to be sent to the **The Education Council Of Paramedical, Haryana** office.
4. Training Centre must sign and stamp every page of this document.

1. Name of the Training Centre/College/Institute:

2. Contact Details of the Training Centre/College/Institute:

PostalAddress: _____

Pin Code _____

Phone Number with STD Code _____

EmailID: _____

3. Year of Establishment: _____

4. Prior Exposure of the Training Centre/College/Institute in Health Sector – _____

5. PAN No. : _____

6. Turnover of the Training Centre/College/Institute _____ (Last Financial Year)

7. Provide the Contact Details of the Director(s), Management Team Members, Operational Head(s) and Affiliation Coordinator(s) for Training Centre :

Name	Contact Address	Contact Numbers – Both Land Line and Mobile	Email-id

8. Provide Training Centre/College/Institute Bank Details

Bank Name: _____

IFSC CODE : _____

ACCOUNT NUMBER : _____

BRANCH ADDRESS : _____

9. Details of the Teaching Staff :

S. No.	Name	Designation	Degree / Diploma	Experience in Years	Regular / Visiting
1					
2					
3					
4					
5					
6					
7					
8					
9					

10. Detail of the Documents -

S. No.	List of Enclosures	Yes / No	Photocopy/Photograph
1	PAN, TAN AND IT Return (Last Financial Year)		
2	Registration Certificate of Trust / Society		

3	Lease Agreement / Ownership proof		
4	Staff Particulars (Resumes of Faculty for Training as per list)		
5	Drinking Water		
6	Fire Safety		
7	Photographs of Lab with Equipments required to conduct the training as per PMC.		
8	Documents for Training provided for Govt. of India / State Government / Union Territory or for any implementing Agency		
9	DD/ Electronic Transfer Details		

I hereby confirm that my training centre/College/Institute, processes and other requirements as mentioned in this application form are true to the best of my knowledge and information. I further assure that we will provide the documents as and when required by the TECOP.

I further assure you to provide all the details as required. We further acknowledge and understand that if any information provided by us in the application form or its enclosures is found to be wrong or misleading TECOP, Haryana has all the rights to cancel our application and take such penal action as deemed proper.

NOTE : The Education Council Of Paramedical , Haryana can modify or amend these Terms & Conditions and Charges from time to time as per need without any prior notice.

Date : _____

Signature & Stamp of TC