



AFFILIATION FORM

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

1. Name of the institute/centre.....
2. Postal Address (Kindly mention the nearest Land Mark also)
- City/Town.....State:.....PinCode.....
- TelephoneNo./OfficeLandline:.....Mobile:.....Fax.....
- Email.....Website (if any):.....PanNo.

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 Voter 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 ORGANISATION	NATURE OF BUSINESS	YEAR FROM	YEAR TO	ANNUAL TURNOVER (IN RS.)	NO. OF EMPLOYEES



Est. 2001 Gov. Reg. No. 40950M
Board of Health Education & Yoga Alternate Medicine
स्वास्थ्य शिक्षा बोर्ड और योग वैकल्पिक चिकित्सा बोर्ड

Certified From: Central Vigilance Commission , ISO Company, National Human Rights Commission , India
Promoted & Managed By: Paras Shaikshik Ashaye Viklang Mandbudhi Sahayarth Samiti
Plot No. 188/89, Lala Ugrsain Building, Opp. Shiv Mandir, Nr. Pavlikhas Railway Phatak, Modipuram (Meerut)

8 Coordinator / Representative: Office Landline Mobile:

Email: Website:

9. Current Infrastructure that is available with you for educational purpose: (a) Total area of the Institute / Centre

(b) Total covered area (in sq. ft.)

(c) Number of Floors

(d) No. of Rooms available

(e) Power Backup

(f) No. of Computer available

(g) Internet Facility Available : Yes No:

10. Details of Premises (Attach Relevant Proof): (a) Whether the Land & Building are owned by the Centre. (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 Centre is also associated with any other University / Institute (Give Details)

13. Grade your Centre: Perfect Good Satisfactory Justify:

(a). Perfect (b). good (c). Satisfactory

14. Location of the Centre:

- (a) Remote Area
- (b) Easily Accessible
- (c) Residential Area
- (d) Commercial Area
- (e) Within the City
- (f) Outside of the City

Paras Shaishik Ashaye Viklang Mandbudhi Shayarth Samiti

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Modipuram, Meerut-250110

Contact -08360344738, 9897937305



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- (g) Nearest Airport Name of the city.....
(h) Distance from Railway Station Name of the City.....
(l) Distance from Bus Stop Name of the City.....

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

16. Programme Applied for Authorization:

DECLARATION

We hereby declare that the details provide by me / us here above are true to best of my / our knowledge.

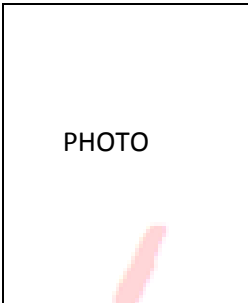
Date: / / Place: DD DETAILS DD No

DD Date / /

Drawn on (Bank Name) Amount (in figures) Rs.....

Amount (in words) Rs.....

*** Fees 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)

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