



उत्तर प्रदेश अस्सिस्तन्ट पारामेडिकल काउन्सिल

AN AUTONOMOUS ORGANIZATION, Regist. UNDER CENTRAL ACT

AN ISO CERTIFIED ORGANIZATION, REGI 452/2009



तमसो मा ज्योतिर्गमय

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Franchise Application form

- o Study Centre
- o Private Clinic
- o Counselling Centre
- o Nursing Home

To

**The Registrar
Uttar Pradesh Assistant Para
Medical Council, Lucknow**

Dear Sir,

I request you for the authorization of an institution in compliance with the following formalities :-

1. Name of the Institute :
2. Address of the Institute :
3. Date of Establishment :
4. Name and Address of President/Director :
5. Phone/Mobile No. :
6. E-mail Id :
7. Website :

I, hereby solemnly affirm and declare that the details furnished above are true to the best of my knowledge. I, further agree that my authorization is liable to be cancelled if any incorrect information is furnished by me.

Signature of President / Director with Seal

Inclosure :-

- 1 Identity Proof, Address Proof
- 2 1 Photograph
- 3 Resolution of the committee signed by the President
- 4 Memorandum
- 5 Fees