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NATIONAL PARAMEDICAL EDUCATION

Read, NCT of New Delhi, Under An Act 1882 Section 60, Goyt, of India, Read, No. 1235

Regd. Office: 638/262, Tajpur Pahadi, Jetpur Road, Badarpur, New Delhi-110044

E-mail: nationalparamedical.delhi@gmail.com

Application Form For Approval of Training Center For NATIONAL PARAMEDICAL EDUCATION, NEW DELHI

	Information about Training	Cen	nter	TAI/ Mo																			
1)	Name of the Institution / Center		1A) 1A)	N	1/7/	D/W	R	, WF	ON AN	IE)\\	77	JA:	(OV)	4.T.V	M)	N) TIT	<u> </u>	6	RP	14/4/ 14/7	RAN	IEC CAL
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3.	Information about Director of the Institution / Center																						
3.1	Full Name	(CA		TA	0/	TY		711	AIN	P	RA	1101 1111	1 F	DU	JA E	7///	M	W	NT.	MP	40	JAJ.	49.
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3.5	Resident address with code No.	7 11-71 10 14-7 10 14-7	<u>(0</u>			40) (AO)	101. 1 17 Z		210 		1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	19 18 18	ARY MIL VA	74C 24C	AL NED	10f 10f		50 AT	7 7A, 70 90	uu N UT		1/V 1/V 1/V	; ; ;(0) ;(A)
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4.	Name of the Courses for which the approval is requested and number of seats applied for Name of courses No. of seats 1. 2.																						
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5.	Information About Faculty (as	on da	ite oi	r pro	pos	sal)	10A		ITA:	01/	17 747	M	AIA from	11/7 11/0	PA	RAI	276 Altr	AN	ED	ED	<u>UC</u>	ЛТ. Уо-	CA
Sr. No.	Name	ATIONAL PA			FD'	Qualification			7/0	Designation					Teaching Experience			Full time Part time					
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<u> </u>	er Size (in Sq. Ft.)	EDUCATIONAL PAREDICAL EDUCAL E
Num	ber of Classroom in the Center With AC/ Without AC	DUCATIONAL PARAMONAL PARAMONAL PARAMONAL
Num	ber of Nursing Labs in the Center	PARAMETICATION NATION NATIONAL PARAMETERS
Over	head Projectors in Classroom	MATION NATIONAL AMEDICAL
Staff	Room	LEDUCATIONAL PARTIENT
Avail	ability of CCTV Cameras	EDICATION NAME PARAMETER
Avail	ability of Pantry, Lifts and Parking Facility	DICAL EDUCAL FOR NATIONAL MATIONAL PARTIES
Avail	ability of Placement/Entrepreneurship Cell	CAL EDUCATIONAL PA
Avail	ability of Washroom for Male & Female	AMEDICATION IN PARKE
Avail	ability of Clean Drinking Water	EDICAL EDUCAL NATION NATIONARA
	ability of Safety Tools First Aid Kit 2. Fire Fighting Equipment	MEDICAL EDUCATION NATIONAL NATIONAL NATIONAL PAR
Avail	ability of Internet Connectivity	MEDICAL EDUCIÓN NATIONATIONA
Avail	ability of Library Facility	PARANIC EDUCATIONAL TONAL
Avail	ability of Computer Lab	RAMEDICAL CATION NATION
Othe	er Remarks (If Any)	AL PANEDICAL EDUC NATION NATIONATION

Zerowa was water and the Tools A	nd Equipment
Name	Quantity
Thermometer	02
Cotton Swabs	as required
Sphygmomanometer	07
Stethoscope	03
Dressing sets containing Bowl (small)	04
Artery forceps	04
Gloves	as required
Pairs Cotton	as required
Gauze, Hydrogen Peroxide	as required
Betadine Solutions	as required
Sterile Pads, Plaster	as required
Glucometer	07 07 NA NA WATER AND MEDITE AND ALL
Small Sterile Needles	as required
Cautery Machine- bipolar	as required
Oxygen Cylinder (with trolley and accessories)	as required
to be count	to be count

Big Steel Basin	02 - nos
Hand Towel	05 - nos
Machintosh, Bath Towel	01 - nos
Powder	as required
Bone curretor	as required
Regulator	as required
Face mask	as required
Theater Dress	as required
Theater Hardware	05 - nos
Gown	05 - nos
Cotton or Gauze (sterile)	05 - nos
Mercurochrome	as required
Tincture iodine	and MAH I will have the control of t
Savlon	as required
Cetavlon	as required
Hydrogen Peroxide	as required
Normal Saline	as required
Adhesive tapes	as required
Bandages	as required
Binders	as required
Silk suture thread	as required
Forceps (different types)	as required
Needle	as required
Syringe	as required
Scissor (surgical)	as required
Spinal needle	10 nos
Ryles tube	05 nos
Stretcher with stand	02 nos
Light source	01 nos
Recording System	01 nos
Neuri microscope	01 nos
Laparoscopic instuments	01 nos
Opthal Microscope	01 nos
Ortho Torniquet	01 nos
Pulse lavage	01 nos
Suture material	as required
Anaesthesia drugs	as required
O.T. Trollys	as required

DECLARATION

I here by declare that the details furnished above are true and correct as per my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it and I will follow Rules and Regulation of NATIONAL PARAMEDICAL EDUCATION.

Date	Signature
	Head of the Intuition
Place	with Center seal

GUIDELINES FOR TRAINING CENTER ===

- 1. Any Institute willing to collaborate will have to submit an application on the prescribed form along with the payment of Rs.500/- (Form fees) in cash or Draft favouring "NATIONAL PARAMEDICAL EDUCATION."
- 2. Complete application form submitted to the NATIONAL PARAMEDICAL EDUCATION will be processed by the NPE only if it is found Suitable.
- 3. An inspection committee will visit to verify the infrastructure and other facilities available with the institute and submit its report to the secretary "NATIONAL PARAMEDICAL EDUCATION" New Delhi.
- 4. Honourable Secretary may approve / disapprove the proposal and report.
- Approved training center will have to sign an agreement with the "NATIONAL PARAMEDICAL EDUCATION" in which the Terms and conditions will be settled between them.
- 6. Examination eligibility & Enrollment form will be submitted separately along with the required Fee (presently it is Rs1000/- per candidate per examination per year) Minimum Registration Fee of 3500/- will Be charged separately according to the sanctioned seats and it may very as per the duration of the course.
- 7. It should be very clearly noted that any types of fees / charges once paid, is neither refundable not adjustable in any circumstances. The Training Center will have to strictly Follow the rules and regulations of "NATIONAL PARAMEDICAL EDUCATION" New Delhi.
- 8. If any legal dispute happens jurisdiction for legal proceedings will be District Court of New Delhi only.

Inspection fees	5,000.00 Cash or Draft
Affiliation Fees for any 3 courses:	NATIONALAMEDIO
Affiliation Renewal Fees per year:	IONAL PAMEDICAL

DC	DCUMENT ENCLOSED : (Please mark)
1.	Registration Certificate of the Institution/ Trust / Society.
2.	Photograph the Institution/ Center.
3.	Rented/Lease deed Agreement.
4.	Details of the Laboratory Equipments/Chemicals along with quantities & other materials for practical training.
5.	List of library books approx.
6.	Letter of Association with the Hospital/Nursing Homes.
7.	Director CV Documents (Pan Card/Aadhar Card/ Driving Licence/ Light Bill/ Tax Bill/ Bank Account Details)
8.	Faculties CV with Documents.
9.	Any other (Specify)
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Pla	Signature Ce Head of the Intuition