



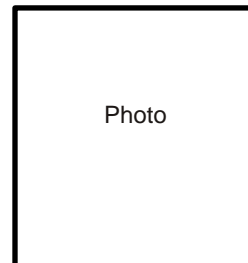
# ATAL BIHARI VAJPAYEE PARAMEDICAL AND HEALTH SCIENCE

[www.atalbvphs.com](http://www.atalbvphs.com) , Helpline No.:- 9458506929

Type of Franchisee :-

Paramedical Courses

## APPLICATION FORM FOR ESTABLISHMENT OF STUDY CENTRE



To, **Secretary**

A.B.V.PARAMEDICAL AND HEALTH SCIENCE

Sir,

1. I/We have taken note of all the rules & regulations of the Atal Bihari Vajpayee Paramedical And Health Science will abide by all the rules in the future.

2. Name of Applicant (s).....Designation.....

3. Father's/Husband Name.....

4. Name of Institute.....

5. Corresponding Address.....

.....PIN No.....

6. Mob.No.....Whats App No.....

7. E-mail.....

8. Name of Tie up Hospital.....

Address .....Mob. No.....

### 8. CENTERS ESTABLISHMENT FEES

Rs. ....

Name of Bank.....Place.....

Bank Draft No. ....

### DECLARATION BY THE APPLICANT

I hereby declare that I have read & considered the conditions of the eligibility for the Establishment of the Study Center & I fulfill the condition. I have furnished above, in the application No.....necessary information in this regard. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation any time and I shall not be entitled to get refund of any Amount paid by me to the Institute. In the event of any dispute it shall be resolved through the secretary of the society & Agra Jurisdiction. Mediation of the Chairman or a Committee constituted under the Constitution/Arbitration Act and its decision shall be binding on all concerned & I will liable to all the expenses.

Encl. 1. Copy of Photo I.D. and Address Verification

2. Declaration on Rs. 100/- Non Judicial Stamp Paper with Notary.

Signature of Applicant

Date : .....

### **FOR OFFICE USE ONLY**

Authorised Center Code :

Date of Issue

R. R. No. :

Date :

Authorised Signatory