



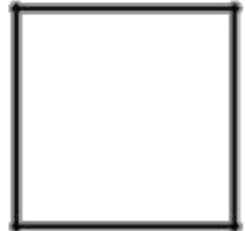
**Paramedical Board of India and Health Care Council**

(Health and Educational and Charitable trust )

ISO Certified 9001:2015  
Member of QCI  
Ministry of Ayush (Yoga and Naturopathy)  
MHRD Approved  
MSME Approved



**APPLICATION FORM FOR ESTABLISHMENT OF STUDY CENTER**



To ,

**Director**

**Application No.**

**Paramedical Board of India & Health Care Center.**

Sir,

1. I / We have taken note of all the rules & regulation of the P.B.I.H.C.C. will abide by all the rules in the future .
2. Name of Applicant (s).....Designation.....
3. Father's Name / Husband Name.....
5. Corresponding Address .....  
.....PIN NO.....
6. Mob. No..... Whats App No.....
7. E-mail.....
8. **LIFE TIME REGISTRATION FESS**  
Rs..... Kit  
Fees.....

**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 have fulfill the condition. I have furnished above , the necessary information in this regard. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation ant 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 mediation of the Chairmen or a Committee constituted under the Constitution/ Arbititution Act and its decision shall be binding on all the concerned & I will liable to all the expenses.

**Encl.**

1. Copy of Photo I.D.
2. Copy of Address Verification.

**Signature of Applicant**

**Date : \_\_\_\_\_**

Authorised Center Code :

Date of Issue :

Authorized Sign: