



अखिल भारतीय पराचिकित्सा विज्ञान व अनुसंधान परिषद

# All India Council of Para Medical Science & Research

An Autonomous Body for Research & Development under E-learning Program, Govt. of India

Affiliated to NEFTU under UGC (2f) Act, 1956, Associated with USDLA, USA

(B1/23A,GF, Sewak Park, Near NSIT, Dwarka More, New Delhi-110059

Web. [www.aicpmsr.com](http://www.aicpmsr.com) , Email: [info@aicpmsr.com](mailto:info@aicpmsr.com)

## 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.....

3. State.....Pin Code:.....

4. Telephone No./Office Landline:.....Mobile.....

Website(if any).....Email:.....

5. Name of Registered Society/Trust/Organisation/ Company/Institute/ College(Enclosed copy of registration)

.....

Address (with Pin code).....

6. Attach a copy of Voter ID Card / Passport/Aadhar Card

7. Name of the President/Chairman/Director/Proprietor/Principal

(Please Fill up the following Details)

Degree/Diploma	University/Institute	Subjects	Year of passing

Name of Organisation	Nature of Business	Year From	Year to	Annual Turnover (in Rs.)	No. of Employees in Organisation

8. Nominate a Co-ordinator / Representative :.....  
Office Landline .....Mobile.....Email.....

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.....

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 the Society/Institute.

11. Whether the premises is ready for use if yes, what is currently used for :

.....

12. If your Institute/College is also associated with any other University/Institute (Give Details)

.....

13. Grade your Institute/College: Perfect \_\_\_\_\_ Good \_\_\_\_\_ Satisfactory \_\_\_\_\_

Justify:.....

14. Location of the Institute /College:

- a. Remote Area \_\_\_\_\_
- b. Easily Accessible \_\_\_\_\_
- c. Residential Area \_\_\_\_\_
- d. Commercial Area \_\_\_\_\_
- e. Within the City \_\_\_\_\_
- f. Outside of the City \_\_\_\_\_

Signature of Chairman of AICPMSR

Signature of Director of College/institute  
Name :.....  
Mobile No.