



# CENTRAL COUNCIL of HEALTH AND PARAMEDICAL SCIENCE

An Autonomous Paramedical Educational Council

Office Address : B-681/9, S.R. Colony, Rajiv Nagar, Delhi-110094 web: <http://lhcms.org>

## AFFILIATION FORM

1.	Name of the Institute and Date of Establishment	
2.	Correspondence Address	
3.	Contact Detail: Landline: Mobile: Email:	
4.	Contact Person with Designation	
5.	Name of Society/Trust under which the Institute is running.	
6.	Date of Establishment of Society/Trust	
7.	Registration No. with Act.	
8.	Number of Beneficiaries till now.	
9.	Number of Technical and Non Technical Staff	
10.	Number of Present Student	
11.	If had any other affiliation give details (Name of Board/Council/Department/ University with address and affiliation number)	
12.	Affiliation fee mode	

I, full filled Terms & Conditions of the Council. Please issue affiliation certificate and letter for operating paramedical courses.

Date:

Place:

Signature of Authority



# CENTRAL COUNCIL of HEALTH AND PARAMEDICAL SCIENCE

An Autonomous Paramedical Educational Council

Established under Article 19(1)g Constitution of India

Constituted by HSMS of Govt of NCT of Delhi

Regd. No.S/53334/2005

## AFFIDAVIT FOR AFFILIATION

(ON RUPEES 100 NON JUDICIARY STAMP PAPER)

I \_\_\_\_\_ S/O \_\_\_\_\_ PRESIDENT/ SECRETARY  
/MANAGER/DIRECTOR OF \_\_\_\_\_ ADHAAR CARD  
NUMBER \_\_\_\_\_ PERMANENT ADDRESS OF AFFILIATION CENTER

\_\_\_\_\_ HAVE PROMISED THAT I WILL RUN THE CENTER  
ACCORDING TO THE RULES AND REGULATIONS OF CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL  
SCIENCE .

1. I AM LIVING AT THE SAME ADDRESS AS MENTIONED ABOVE.
2. I WILL FOLLOW ALL RULES AND REGULATIONS OF CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE
3. ALL THE DISPUTES WILL BE SOLVED BY OURSELVES ONLY( NOT BY ANY LEGAL PROCEDURE).
4. WE NEVER DEGRADE THE IMAGE OF CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE
5. WE WILL CONDUCT ONLY FAIR EXAMINATIONS AND NOT INVOLVE IN ANY CHEATING PROCEDURES AND WRONG ACTIVITIES.
6. WE WILL SUBMIT A NO-OBJECTION CERTIFICATE FROM DISTRICT CMO/MLA/COUNSELLOR/SARPANCH.
7. ALWAYS SUBMIT ALL INFORMATION TO CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE
8. WE WILL TEACH MORAL EDUCATION TO ALL STUDENTS.
9. WE WILL NEVER DO UNSOCIAL AND ILLEGAL ACTIVITIES IN OUR CENTER.

ALL INFORMATION THAT IS GIVEN IN THE AFFIDAVIT IS CORRECT AND TRUE.

ATTESTATION

SIGNATURE

I \_\_\_\_\_ S/O \_\_\_\_\_ ATTESTED THAT ALL INFORMATION WHICH IS GIVEN  
BY APPLICANT ARE CORRECT AND TRUE.

DATE \_\_\_\_\_

PLACE \_\_\_\_\_

ADVOCATE



# CENTRAL COUNCIL of HEALTH AND PARAMEDICAL SCIENCE

An Autonomous Paramedical Educational Council

Established under Article 19(1)g Constitution of India

Constituted by HSMS of Govt of NCT of Delhi

Regd. No.S/53334/2005

## LIST OF DOCUMENTS

1. REGISTRATION CERTIFICATE
2. MEMORANDUM
3. PRESIDENT/GENERAL SECRETARY/SECRETARY/ORGANISERS BIODATA, ADHAAR CARD, PAN CARD, PHOTO.
4. LAND AGREEMENT COPY.
5. NOC BY CMO/MLA/COUNSELLOR/SARPANCH.
6. ELECTRIC BILL COPY.
7. AUTHORISE PERSON ADHAAR CARD,PANCARD, PHOTO.
8. FACULTIES BIODATA WITH PHOTO, ADHAAR CARD, PAN CARD.
9. NON TECHNICAL STAFF BIODATA WITH PHOTO, ADHAAR CARD, PAN CARD.
10. FRONT SIDE PHOTO OF BUILDING WITH SIGNBOARD.
11. FIX ASSETS LIST OF CENTER.
12. LIBRARY, LABORATORY, TOILET (GENS & LADIES), PHOTOGRAPH OF CENTER.



# CENTRAL Council of HEALTH AND PARAMEDICAL SCIENCE

An Autonomous Paramedical Educational Council

Established under Article 19(1)g Constitution of India

Constituted by HSMS of Govt of NCT of Delhi

Regd. No.S/53334/2005

## NO OBJECTION CERTIFICATE (NOC)

THIS IS CERTIFY THAT (NAME OF CENTER) \_\_\_\_\_

BY RUNNING \_\_\_\_\_ ON PLACE \_\_\_\_\_ I HAVE

ALL INFORMATION ABOUT THAT CENTER AND I HAVE NO OBJECTION TO AFFILIATION OF  
THIS CENTER.

DATE \_\_\_\_\_

PLACE \_\_\_\_\_

CMO/MLA/COUNSELLOR/SARPANCH



# CENTRAL Council of HEALTH AND PARAMEDICAL SCIENCE

An Autonomous Paramedical Educational Council

Established under Article 19(1)g Constitution of India

Constituted by HSMS of Govt of NCT of Delhi

Regd. No.S/53334/2005

## **RULES AND REGULATIONS FOR AFFILIATION IN CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE**

1. ANY SOCIETY /TRUST/INSITUTE CAN APPLY FOR AFFILIATION.
2. ATTACH NO OBJECTION CERTIFICATE (NOC)FROM DISTRICT CHIEF MEDICAL OFFICER/MLA/COUNSELLOR/SARPANCH
3. TO BE ATTACHED RENT AGREEMENT/REGISTERED PAPER OF LAND/ELECTRIC BILL/PHOTOCOPY OF BUILDING, MAP AND NOC BY LANDLORD.
4. ADHAAR CARD, PAN CARD, AND MOBILE NUMBER OF THE OWNER OF THE BRANCH ARE MANDATORY.
5. LIST OF FIXED ASSETS.
6. ALL FACULTIES NAMES AND GROUP PHOTOGRAPHS.
7. FOR ANY DISPUTES THE JURISDICTION AREA IS DELHI ONLY.
8. CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE WILL ISSUE A TEMPORARY AFFILIATION CERTIFICATE FOR RUNNING THE BRANCH CENT ER.
9. IF THE CENTRE WORK WITH THE RULES AND REGULATION OF CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE THEN THE AFFILIATION CONTRACT WILL BE EXTENDED.
10. AFTER 2 SESSIONS PERMANENT AFFILIATION WILL BE PROVIDED.
11. AFFILIATION FEES OF RUPEES FIFTY-ONE THOUSAND (RS 51000) WILL BE PAID TO CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE AS DONATION IS NON REFUNDABLE.
12. ALL CERTIFICATES SHOULD BE NOTARY ATTESTED FOR AFFILIATION.
13. FRONT PHOTOGRAPH OF THE BUILDING IS MANDATORY.

I \_\_\_\_\_ S/O \_\_\_\_\_ R/O \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT/MANAGER/DIRECTOR

OF \_\_\_\_\_

I ACCEPTED ALL THE RULES AND REGULATIONS OF CENTRAL COUNCIL OF HEALTH AND PARAMEDICAL SCIENCE FOR AFFILIATION.

DATE \_\_\_\_\_

PLACE \_\_\_\_\_

SIGNATURE