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CENTRAL COUNCIL OF PARAMEDICAL

• PLEASE FILL UP IN CAPITAL LETTERS

- Before fill up application, please refer CCP terms & conditions and How to get approval

1. Name of the Applicant:

2. Name of the Institution:

3. Institution Address:

4. Telephone Number:

5. Fax Number:

6. Mobile Number:

7. E-Mail Address:

8. Applicant Residential Address with Telephone Number:

9. Do you have own Building or Rental:

10. Do you have any experience in the field of education & training:

11. In which category, you want to run the course (Select only one category):

12. Name of the Courses :

13. Details regarding Teaching Faculty:	
14. Details regarding Class Rooms and Facilities:	
15. Any other Relevant Information:	

- If necessary, use additional sheets for entering details.

I hereby accept all the terms and conditions of CCP

Correspondent Signature

Note: The following documents to be enclosed with application

- Approval Fee: finally discuss our office (For Affiliation) Demand Draft in favour of “Universal Academy” payable at Kolkata. India.
- Rs. 50/- one agreement plain bond with Institution name or Correspondent name for MOU
 - If Rental building, rental agreement.
 - Photograph of infrastructure like Building, Class Room and Other Facilities
 - Correspondent Photo 2 Nos. (Passport size)
 - Give us any other franchisee details if you are interested.