



THE HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA (NEW DELHI)

(Head Office:- A-32,1st Floor, National Market, Peeragarhi, New Delhi-110087)

Web:- www.herci.in

Email:- healtherci@gmail.com

AFFILIATION FORM

(This form must be deposited in triplicate & must be filled in CAPITAL LETTERS only)

1. Name of the Institute / Center:
2. Postal Address (Kindly mention the nearest Land Mark also):
.....City / Town.....
3. State:.....Pin Code.....
4. Telephone No./ Office Landline:.....Mobile:.....
Fax.Email
- Website (if any):Pan No.
5. Name of the Registered Society / Trust (Enclose Copy of Registration)
Address (with Pin Code & Nearest Landmark)
.....
.....
6. Attach a copy of the Driving License / Voter ID Card / Passport
7. Name of the President / Chairman / Trustee / Proprietor of the Society Trust / Centre
(Please Fill up the following Details) :

Degree / Diploma	University / Institution	Subjects	Year of Passing

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

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

9. Current Infrastructure that is available with you for educational purpose:

(a) Total area of the Institute / Center _____

(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 Center.

(b) If the building is rented, Enclose the Lease Deed of Society / Institute.

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

.....

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

.....

13. Grade your Centre:

Perfect  Good  Satisfactory

Justify:

14. Location of the Centre:

(a) Remote Area

(b) Easily Accessible

(c) Residential Area

(d) Commercial Area

(e) Within the City

(f) Outside of the City

(g) Nearest Airport Name of the City

(h) Distance From Railway Station Name of the City

(i) Distance from Bus Stop Name of the City

15. Attach one set of Visiting Card, Letter Head & Profile of your Institute:

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16. Programme Applied for Authorization:

.....

DECLARATION

// we hereby declare that the details provide by me / us here above are true to best of my / our knowledge.

Date:

Place:

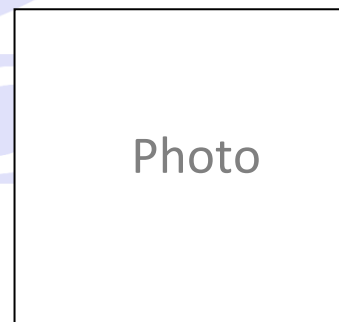
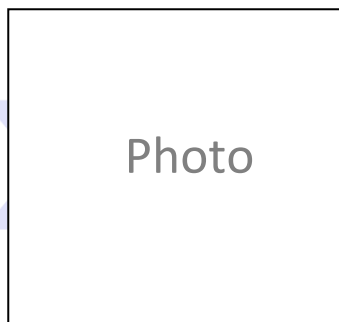
DD DETAILS

DD No DD Date

Drawn on (Bank Name) Amount (in figures) Rs.....

Amount (in words) Rs.

*** Fees once paid no refundable/transfereable at any cost.**



**Signature & Seal of President of Society / Trust
(In original, with date)**

**Signature & Seal of Director / Proprietor
(In original, with date)**