



# APOLLO PARAMEDICAL NURSING COUNCIL OF INDIA

An Autonomous Organization Regd. By Government of NCT-Delhi Under ATA1882 Government of India  
Running Under National Education Policy 2020 MHRD Government of India  
Registered Under CR-ACT 1957 Ministry of HRD Government of India  
Regd. by Niti Ayog & MSME Government of India  
(Member of International Trinity University USA)

## APPLICATION FORM FOR NEW FRANCHICSE

(KINDLY FILL IN ENGLISH BLOCK LETTER)

TO,  
THE SECRETARY  
APOLLO PARAMEDICAL NURSING COUNCIL OF INDIA

PASS PORT  
SIZE PHOTO

SIR

I/We have taken note of all the rules & regulation of the APMNCI. I will abide by the rules in the future.

I/We .....am/are presenting the application form for the establishment of a  
Study centers of APMNCI of..... (Regular / Correspondence)  
Courses.

Name of Applicant(s): ..... Designation: .....

Male/Female: ..... Nationality: .....

PAN CARD: ..... ADHAR NO: .....

Father's / Husband's Name: .....

Name of Institute: .....

Institute Address: .....

.....

Correspondence Address: .....

.....

E-Mail ID: .....

Contact No: ..... Pin Code : .....

### Branch Establishment Fees

Amount (Rs) : .....

Name of Bank: ..... Place: .....

NEFT/RTGS No.: ..... Date: .....

## DECLARATION BY THE APPLICANT

I hereby declare that I have read & considered the condition of the eligibility for the study center & I fulfill the condition. I have furnished about the necessary information in this record. In the event of any information found incorrect or misleading my candidature shall be liable to cancellation any and I shall not be entitled to get refund any amount paid by me to the Institute. In the event of any dispute it shall be resolved through the mediation of the chairman or a committee constituted under the constitution/ Attribution Act and its decision shall be binding on all concerned & I will liable the expenses.

DATE: .....

Signature. ....

ENCL.:

1. Copy of Photo ID
2. Copy of Address Verification
3. Declaration on Rs. 100/- Non Judicial Stamp Paper

**OFFICE USE ONLY**

AUTHORIZED CENTER CODE: .....

DATE OF ISSUE: .....

R.R. NO: .....

AUTHORIZED SIGNATORY

## **DECLARATION**

**The Chairman/Secretary**

**APOLLO PARAMEDICAL NURSING COUNCIL OF INDIA - UTTAR PRADESH INDIA**

I, ..... S/O Sh. .... Age.....

Resident of .....

District: ..... State: ..... Pin No: .....

Phone No: ..... Office: ..... E-Mail ID: .....

### **Declare as Under:**

1. Our Institute will work as an Authorized study center of APMNCI.
2. All the Admission/ Examination documents collected from the organization will be kept safely/ confidentially by me & it will be my responsibility for its timely distribution in the center.
3. That our institute will work according to the rules & regulation of the organization & I agreed with all the rules & regulation of the organization.
4. In no circumstances the enrollment number or exam result will be asked for in the event of the does not being paid to the APMNCI.
5. Franchisee Fee is nonrefundable.
6. It's my responsibility to submit quarterly progress report to the Organization.
7. That I have read and understand the rules & regulation of the Organization and only after complete satisfaction this declaration is being made which when necessary can be made use of for legal purpose. In the event of an dispute will be settled by the committee appointed by the APOLLO PARAMEDICAL NURSING COUNCIL OF INDIA , under the provisions of the Indian Attribution Act 1940 and its decision will be binding on all concerned & I/ We will Liable to all the expense.

Therefore, I.....declare that time the information furnished in the form for establishment of center are true to the best of my knowledge and belief and will remain in force and binding on me and my successor for the Center's association with the organization .

PLACE

NOTRY/ GAZETTED OFFICE

SIGNATURE OF DECLARANT