



डॉ. शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ

उत्तर प्रदेश सरकार

Dr. Shakuntala Misra National Rehabilitation University, Lucknow

Government of Uttar Pradesh

APPLICATION FOR LETTER OF CONSENT/NOC/LOI FOR INSTITUTION

(MCI/DCI/NCTE/INC/RCI and other regulatory body wherein Letter of Consent/NOC/LOI is required)

1. Particulars of the Authorized Applicant

1.1 Name of the Applicant _____

1.2 Designation : _____

1.3 Address : _____

1.4 E-mail Address : _____

1.5 Telephone No./ Mobile No. _____

2. Name of the Applicant/Society/Trust/Company:

2.1 Postal Address : _____

2.2 E-mail Address _____

2.3 Telephone No./ Mobile No. _____

2.4 Website : _____

2.5 Permanent Account No. of Society/ Trust/Company : _____

2.6 Registration No. and validity of Society/Trust/Company: _____

3. Details of proposed Programmes:

3.1 Name of Programme: _____

3.2 Name of Regulatory body: _____

3.3 Details of NOC issued from State Government : _____

4. Details of proposed Institution:

4.1 Name of Institution: _____

4.2 Address of Institution: _____

4.3 Level of Programme: _____

(UG/PG/Diploma)

4.4 Type of Institution(Govt./Govt. aided/Private): _____

Date: _____

Place: _____

Signature of Authorized
person with seal