

To,

The Lal Bahadur Shastri Paramedical Skill and Training  
Council India  
2<sup>nd</sup> Floor Sunil Complex Near RG PG College  
Meerut Uttar Pradesh 250002

**SUBJECT: APPLICATION FOR THE APPOINTMENT OF COUNSELOR.**

Sir,

I hereby wish to apply for the post of Counselor and PR Executive of The **Lal Bahadur Shastri Paramedical Skill and Training Council (LBSPSTC)**, to disseminate the information of COUNCIL Paramedical and Skill Education.

I agree to abide by the rules and regulations of **Lal Bahadur Shastri Paramedical Skill and Training Council** for the prescribed programmes. I hereby undertake to extend full cooperation and support to Council, and more particularly by providing the facility and services of "Counseling Desk for students", "dissemination of information of Council academic programmes/courses among the students and prospective candidates" "advertisement/lead generation".

Information provided in the application form is true to the best of our knowledge and belief. I request to consider my application sympathetically and appoint me as a Counselor of **Lal Bahadur Shastri Paramedical Skill and Training Council**.

Thanking you and hope for early favorable reply.

**Signature of an applicant**

**Name :** \_\_\_\_\_

**Place :** \_\_\_\_\_

**Date :** \_\_\_\_\_



# लाल बहादुर शास्त्री पराचिकित्सीय कौशल एवं प्रशिक्षण परिषद

(मानव संसाधन विकास मंत्रालय, भारत सरकार की अधीन एक स्वायत्त संस्थान)

## Lal Bahadur Shastri Paramedical Skill and Training Council

(An Autonomous Organization under Ministry of Human Resources Department, Ministry of MSME and Niti Aayog)

### APPLICATION FOR LBSPSTC COUNSELLOR / PR EXECUTIVE

#### Information of the Applicant Institute

<b>Name of the Institute</b>			
<b>Address</b>			
<b>City</b>			
<b>State</b>		<b>Pin Code</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email Id</b>		<b>Website</b>	
<b>Type of Registered Institute: -</b>			
<b>Trust</b> [ <input type="checkbox"/> ]	<b>Society</b> [ <input type="checkbox"/> ]	<b>Autonomous Institute</b> [ <input type="checkbox"/> ]	<b>Company/Firm</b> [ <input type="checkbox"/> ]
<b>If others specify</b> _____			

#### CONTACT PERSON DETAILS

<b>Name</b>			
<b>Address</b>			
<b>City</b>			
<b>State</b>		<b>Pin Code</b>	
<b>Mobile</b>		<b>Alternate Mobile</b>	
<b>Email Id</b>			
<b>Pan Card</b>			
<b>Aadhar Card</b>			

#### Documents required (Mandatory):

- Copy of Aadhar Card
- Copy of Pan card

**Coordinator Signature**