



F.N. K-0993/03/2026/LBSHSTC/209
LAL BHADUR SHASTRI HEALTH SCIENCES AND TECHNICAL COUNCIL
लाल बहादुर शास्त्री आरोग्य विज्ञान एवं प्राविधिक परिषद

(Formerly: Lal Bahadur Shastri Paramedical Skill and Training Council, India)

पूर्वनाम:—लाल बहादुर शास्त्री पराचिकित्सीय कौशल एवं प्रशिक्षण परिषद, भारत।

Accredited by: National Healthcare Quality and Accreditation Council

Member: National Allied and Healthcare Professional Association

Ph: 0121-4349311

AFFILIATION RENEWAL FORM

For Office Use Only

Receipt No: _____

Date: _____

Sign: _____

Affix Passport
Size Photo of
Principal/Direc
tor
with Signature

Application No.:

Date:

Session/Year:

1. Institution Details

Name of Institute:	
Institute Code:	
Full Address:	
District, State, PIN:	
Email ID & Website:	
Mobile & Landline No.:	

2. Management / Society / Trust Details

Name of Organization:	
Registration No. & Date:	
Validity:	
Registered Office Address:	
Chairperson/Secretary Name:	
Contact No.:	

3. Principal / Director Details

Name:	
Qualification & Reg. No.:	
Aadhaar No.:	
Mobile No. & Email ID:	
Date of Joining:	

4. Affiliation Renewal Details

Previous Affiliation No.:	
Valid Upto:	
Renewal Sought for Session:	

Courses Running with Intake Capacity:

Sr. No.	Course Name	Duration	Approved Intake	Students Enrolled

5. Infrastructure Details

Total Land Area:		Total Built-up Area:	
No. of Classrooms:		Labs Available:	
Library Available:		Computer Lab:	
Toilets (Boys/Girls/Staff):		Drinking Water Facility:	
Power Backup:		Hostel Facility:	
Total Land Area:		Total Built-up Area:	

6. Staff Details

Sr. No.	Name	Designation	Qualification	Experience	FT/PT	Signature

7. Documents Enclosed

Copy of Previous Affiliation Letter		Registration Renewal Certificate of Society	
Previous Renewal Approval Copy		Resolution for Applying Renewal	
Society/Trust Registration Certificate		Authorization Letter for Signatory	
Society/Trust Bye-laws or Memorandum		Aadhaar Card of Chairperson/Secretary	
PAN Card of Society/Trust /		PAN Card of Chairperson/Secretary	
GST Registration Certificate, if applicable		Building Safety Certificate	
Fire Safety Certificate		Structural Stability Certificate	
Sanitation Certificate		Drinking Water Safety Certificate	
Electricity Connection Proof		Power Backup Details	
Rent Agreement or Ownership Proof		Land Registry or Sale Deed Copy	
Building Map Approval Copy		Completion Certificate of Building	
Lease Deed, if applicable		No Objection Certificate from Landlord	
Principal/Director Appointment Letter		Aadhaar Card of Principal/Director	
Qualification Certificates of Principal/Director		Faculty/Staff List	
Appointment Letters of Faculty		Aadhaar Cards of Faculty Members	
Salary Payment Proof of Staff		Laboratory and Equipment List	
Stock Register Copy		Library Book List /	
Library Accession Register Copy		List of Classrooms and Seating Capacity	
Institute Photographs		Photographs of Classrooms	
Photographs of Laboratories		Photographs of Library	
Photographs of Office and Reception		Photographs of Toilet Facilities	
Affiliation Renewal Fee Receipt		Bank Challan or Transaction Proof	
Audited Balance Sheet		Income and Expenditure Statement	
Bank Statement of Institution		Student Admission Register Copy	

Examination Result Record		Anti-Ragging Undertaking	
Internal Complaint Committee Details		Affidavit by Institution	
Clinical/Hospital Tie-up Documents,		Building Insurance Documents,	
CCTV Installation Proof		Website Screenshot or Web Details	
Prospectus or Brochure Copy		NGO DARPAN REGISTRATION	
Institute Website Screenshot with URL		Sign Board of the Institution	
Management Committee Documents			

Declaration

I/We hereby declare that all the information provided in this application form is true and correct to the best of my/our knowledge and belief. I/We assure that the institution will strictly abide by all the rules, regulations, and norms set by the Lal Bahadur Shastri Health Sciences and Technical Council. In case any information is found false or misleading, the Council has the right to cancel the affiliation without prior notice.

Place: _____

Date: _____

**Signature of
Principal/Director**

**Signature of Chairperson/
Authorized Signatory
(With Seal)**

Note: Incomplete form or missing documents may lead to rejection of affiliation renewal application.