APPLICATION FORM FOR OPENING AUTHORIZED TRAINING CENTRE

Sector Applied For: (Please tick the appropriate box)

  Generalised Courses

  Specialised Courses

  Both

A. Details of the Applicant(s): (if Application is in the name of individual owner or Proprietor)

Name of the Applicant(s)	.
Date of birth	
Address for Communication	
Permanent/ Residential Address	
Telephone No. / Mobile No.	
E-mail Address:	
PAN	
Educational Qualification	
No. of years and nature of experience in training business	

B. Details of the Applying Organization: (if Application is in the name of the Organisation)

Name of the Organisation	
Status of the organization (firm, company, society etc.)	
Registration No.(If Any)	
Year of establishment	
Nature of business	
Address	
Telephone No.	
E-mail Address	
Website	
Head of the organization:	
Name	
Designation	
Whether Trade License available? (if yes give details)	
Does the organization/ applicant have any tie-up for training with any other organization?(if Yes give details)	
Bank Account Details:	
Account Holder Name	
Account No.	
Type of Account (SB/CA/CC)	
Bank Name	
Branch Name	
IFSC No.	

C. About the proposed training centre:

Address of the centre:	
House No./Plot No.	
Road/Street/Lane	
Village/Town/City	
Block	
Panchayet / Ward No.	
Post Office	
District	
State	
Pin Code	
Telephone No. with STD code	
Email	
No. of computers at the centre	
Internet Connectivity (Specify broadband/ dongle & speed)	
Power Backup (Generator/Inverter etc.)	
Details of Centre Manager/ SPOC	
Name	
Mobile No.	
Email ID	
Academic Qualification	
IT Skills	

D. Infrastructure (available for YCSM courses)

Facilities Available	No. of room(s)/unit(s)	Total Area (in sq. ft.)
Theory room		
Computer Lab		
Workshops (trade wise)		
Library		
Store		
Administrative Area		
Staff Room		
Reception Area		
Waiting Area		
Wash area/toilet		

E. Details of Tools, Equipments (including computers)

Name of the Tools/ Equipments/Computers	Quantity
Computers	
Printer	
Scanner	
Xerox	

(To attach separate sheet when necessary)

F. Power Supply

Three Phase/Single Phase Line?	
Connected sanctioned Load (in KW)	

G. Details of Investment

What is applicant's maximum investment capacity?			
Give details of the source of fund (%)	Own	Financial Institutions	Others

H. Staff details: (Faculties/Administrative/Marketing)

Name	Qualification	Experience (in years)	Stream

I. Proposed few marketable courses in the locality:

General Courses	Specialized Courses

Following documents need to be attached with the Application form:

1. Photocopy of PAN card
2. Photocopy of Centre Address Proof
3. Photocopy Owner's address proof
4. One copy Passport size photograph
5. Photocopy of degree certificate of at least one trainer (Trainer should have good IT Knowledge)
6. Centre photograph (Front view, Theory Classroom, Practical room and Reception)

UNDERTAKING

I/ We are keen to establish the Authorized Training Centre at _____

and I/we will leave no stone unturned to make this project a grand success. I/We also certify that the

information furnished above is true to the best of my/our knowledge and belief.

Date...................................

Place................................

Signature(s) and Seal