

TC ID

Training Center Application Form

Name of the Director/Head of the institution:
 Mobile No. Land Line No. (with STD): Designation:
 E-mail: Website:

Training Center Information

Training Centre Name:
 Geographical Location: Rural Location Vrban Location Center Faculty Type:
 Centre Ownership: Franchise Self Run School College Onsite
 Training Center Type: Rented Owned Corporate Premises Others

Infrastructure Details

Centre Area(In Sq. Ft)
 Candidate wise centre Capacity: Number of Training Rooms:
 Number of Labs: Number of Male Washroom:
 Number of Female Washroom Number of Unisex Washroom:
 Total Number of Washroom : Distance from Nearest airport (In Kms).....
 Distance from Nearest Train station (In Kms) Distance from City Centre (In Kms)
 Address:
 Near by Landmark Pin Code
 State: District Tehsi/Manda/Block:
 city/Village/Town: Parliamentary Constituency: Geo Location

Facilities Available at the Centre

Internet Connectivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Av Video Con Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cafeteria/Dining Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physically Disabled Friendly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3 Phase Power Connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Backup Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counselling Room/Placement Cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Backup Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Kit Availability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Safety Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Kit Availability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biometric Trainee Attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NSDC Branding Central Facade	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NSDC Branding Central Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NSDC Branding Classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NSDC Branding Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Single Point of Contact Info

Name of the SPOC*
Email Address*
Mobile Number*
Designation
*Landline Number (with STD Code):

Declaration

I hereby declare that details and information provided by me herein are true.

Applicant's Signature
Applicant's Name Date: ... / ... /

Training Center Application Fee Deposit Details

Amount: Date: ... / ... /
(Note: Demand Draft or Cheque must be in favour of Sofiya Shikhsa Evam Samaj Save Samiti)

ENCLOSURES

Complete Application Form with Visiting Card
Photographs (Rooms/Labs/Front Office/Bulding Frount)
Center SPOC Photograph
Internet Bill
Fire Safety Equipment Proof
First Aid Kit availability Proof
Center Address Proof

- | | |
|---|--|
| <input type="checkbox"/> Bank Statement | <input type="checkbox"/> GST Registration |
| <input type="checkbox"/> Electricity Bill (Not Older than 2 months) | <input type="checkbox"/> Incorporation Certificate |
| <input type="checkbox"/> Provident Fund Registration Certificate | <input type="checkbox"/> Registration Certificate |
| <input type="checkbox"/> Rent Agreement + Telephone/Electricity Bill
(Not Older than 2 months) Telephone Bill
(BSNL/MTNL only) | <input type="checkbox"/> MoU/Agreement |

Mandatory.

FOR H.O. USE ONLY

Comments:

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