



केंद्रीय कौशल शिक्षा एवं  
व्यवसायिक प्रशिक्षण परिषद  
CENTRAL COUNCIL FOR  
VOCATIONAL TRAINING & SKILL EDUCATION

APPLICATION FOR INSTITUTION AFFILIATION

INSTITUTION DETAILS

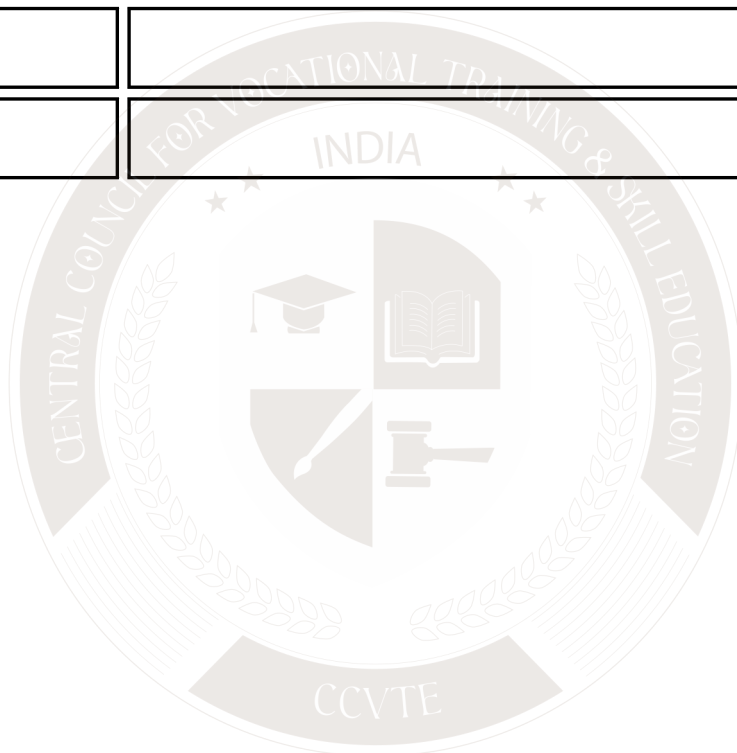
Name		
District	State:	
Address (full address of the proposed site)	Pin Code:	
PAN No		
Mobile No		
Email		

DIRECTOR DETAILS

Director Name		
District	State:	
Address (full address of the proposed site)	Pin Code:	
Aadhaar No		
Mobile No		
Email		

## MANAGER DETAILS

<b>Name of the Manager</b>	
<b>District</b>	<b>State:</b>
<b>Address</b> (full address of the proposed site)	<b>Pin Code:</b>
<b>Aadhaar No</b>	
<b>Mobile No</b>	
<b>Email</b>	



## COURSE LIST

[illegible]

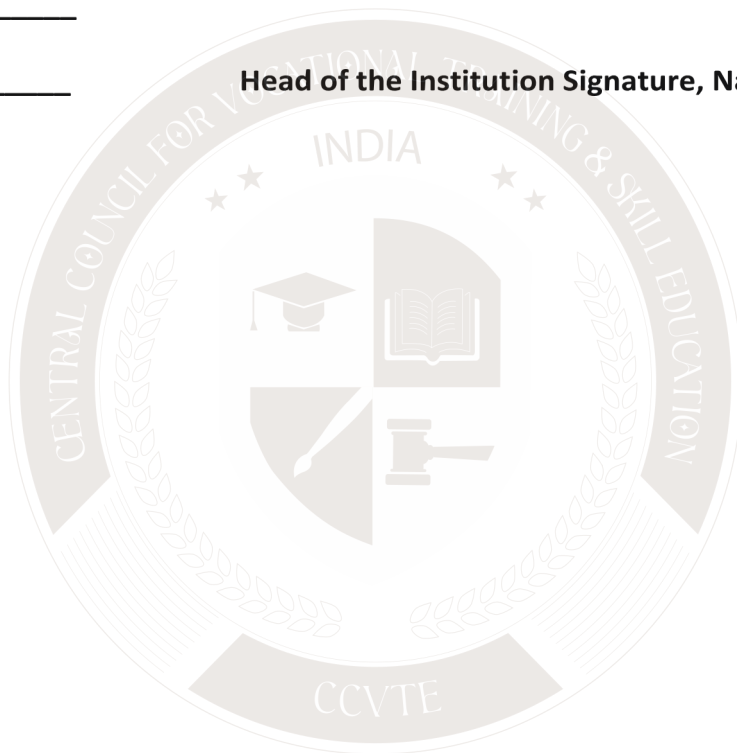
# DECLARATION

This is to certify that all the information furnished above regarding the institution/college is correct and authentic to the best of my knowledge.

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

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

Head of the Institution Signature, Name and Seal



## CHECK LIST

SL.NO	CHECK LIST	YES	NO	Remarks
1.	Ownership documents, if the site is owned by the training agency.			
2.	Rent/Lease agreement, if the site is already rented or leased.			
3.	Centre Director PAN Card.			
4.	Centre Director Aadhar Card			
5.	Company/Society PAN Card, Registration certificate & MOA.			
6.	Photographs Of the Proposed Institution			
7.	Institution Logo			

