

Application Form

1. Name of the Institution /Hospital : _____
2. Has your Institute/hospital implemented any government funded or sponsored skill development Programme during the last 2 year : Yes / No *(If yes, please attach the details)*

Section1:Institution and Management Profile and Organizational Governance

1. Name/s and contact detail of candidate
- Name _____ Designation : _____
- Phone _____ Mobile : _____
- Fax _____ Email : _____
2. Contact Details of the Institute (Headquarters/Corporate office) :Postal Address _____
- Phone _____
- Fax _____
- Email _____
- Web-address _____
- Contact Person: _____
- Designation: _____
3. Year of Establishment : **Registration No:** _____
4. Institute prior experience in Skill Development

Experience - Number of Years	Sector
	Healthcare / Non-Healthcare

5. Number of Trainees Passed out in last 3 years

Year	Number of Students passed
Year 1	

Name of the Institution:

Signature:

Year 2	
Year 3	

1. Is the Institute Recognized with Any Body, If Yes, Please mention the following
2. Name of the Body with which recognized: _____
3. Recognition No. : _____
4. Year of Recognition: _____
5. Validity of Recognition: _____

9. Educational Qualifications and Experience of the candidate

Name of the Candidate	Educational Qualifications	Overall Work Experience (in years)	Prior Experience in the Skills Training Space	Key Achievements in the Skills Development
			Yes/No	

Section 2: Financial Performance

18. PAN No. and TAN No. of the Institute: *(Please attach photocopy of the PAN card and last IT return)*

PAN No.	
TAN No.	

19. Turnover of the Institute: *(Please attach Audited balance sheet of last 3 years & Bank details)*

Year	Turn-over (Rs.)
1 st Year	
2 nd Year	
3 rd Year	

20. Average Turnover of the Institute last 3 year

Average Turn-over in last 3 Years	Rs.
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21. Does the Institute receive any grant from Govt. of India/State Government/Union Territory or another source? *(please attach details of the grants received in last 3 years)*

Year	Grant Received (Rs)

Name of the Institution:

Signature:

Section 3:Infrastructure Requirement

22. Provide the availability of aspects related to the infrastructure:

Aspect	Details	Remarks
Building Own/Rented/ OnLease		<i>Please attach rent / lease agreement / proof of ownership Please attach Electricity Bill</i>
Area of Institute Premises		<i>Please attach blue print / map of the premises</i>

Demand Draft No: _____

Issuing Bank Name: _____

Signature

Date:

Name:

Place:

List of enclosures

1. Demand Draft of Rs. 2500
2. Self Attested photo copy of Identity proof & address proof.
3. Two passport size photographs.

Name of the Institution:

Signature:

Name of the Institution:

Signature: