N·S·D·C National Skill Development Corporation

G·S·D·M GRAMIN SKILL DEVELOPMENT MISSION कौशल गाँव - कुशल भारत

Skill India कौशल भारत - कुशल भारत

Gramin Skill Development Mission

Training Center Application Form

Name of the Director / Head of the institution: Mr. SAJIBUL MONDAL

Mobile No: 9836013439 Land Line No (with STD): _____ Designation: Proprietor

E-mail: mr.sajibulmondal@gmail.com Website: _____

Training Center Information

Training Centre Name: JEEVAN AROGYA

Geographical Location: ☑ Rural Location ☐ Urban Location

Centre Ownership: ☐ Franchise ☑ Self Run

Training Center Type: ☐ Rented ☑ Owned

Center Faculty Type: ☐ School ☐ College ☐ Onsite ☐ Corporate Premises ☑ Others

Infrastructure Details

Centre Area(In Sq.Ft) 6,500 Sqft

Candidate wise centre Capacity: 02 Number of Training Rooms 06

Number of Labs 02 Number of Male Washroom 03

Number of Female Washroom 03 Number of Unisex Washroom 02

Total Number of Washroom 10 Distance from Nearest airport (In Kms) 35KM

Distance from Nearest Train station (In Kms) 16KM Distance from City Centre (In Kms) 20KM

Address: Bishalaxmitala, Burul Road
Vill- Gaza, P.O- Polia, P.S- Nodakhali.

Near by Landmark Bishalaxmitala Bazar PIN Code: 743318

State West Bengal District South 24 Parganas Tehsil/Mandal/Block: Budge-Budge-II

City/Village/Town: Gaza Parliamentary Constituency: Satgachia Geo Location _____

Facilities Available at the Centre

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

Single Point of Contact Info

Name of The SPOC * SAJIBUL MONDAL

Email Address * mr.sajibulmondal@gmail.com

Mobile Number * 9836013439

Designation Proprietor

*Landline Number(with STD Code): 033 - 89813469 61

Declaration

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

Applicant's Signature

Applicant's Name SAJIBUL MONDAL Date: 05/11/2021

Training Center Application Fee Deposit Details

Amount: _____ Date: __/__/____

(Note: Demand Draft or Cheque must be in favour of Gramin Shiksha Private Limited)

ENCLOSURES

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

☐ Bank Statement

☐ Electricity Bill (Not Older than 2 months)

☐ Provident Fund Registration Certificate

☐ Rent Agreement + Telephone/Electricity Bill (Not Older than 2 months)Telephone Bill (BSNL/MTNL only)

☐ GST Registration

☐ Incorporation Certificate

☐ Registration Certificate

☐ MoU/Agreement

Note: All the Above Enclosures are Mandatory. Submit at the time of along with Application form

FOR H.O. USE ONLY

Comments:

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