

Gramin Skill Development Mission

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	☐ Urban Location	Center Faculty Type:	☐ School	☐ College	☐ Onsite
Centre Ownership:	☐ Franchise	☐ Self Run		☐ Corporate Premises	☐ Others	
Training Center Type:	☐ Rented	☐ Owned				

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 _____ Tehsil/Mandal/Block: _____

City/Village/Town: _____ Parliamentary Constituency: _____ 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 * _____

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 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:
