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: _____

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

E-mail: _____ Website: _____

## Training Center Information

Training Centre Name: _____

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) _____

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 Career Point Institute of Skill Development Pvt. Ltd. )

**ENCLOSURES**

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