



## TRAINING PARTNER AFFILIATION REQUEST

1. NAME OF THE ORGANISATION:
2. COMPLETE ADDRESS OF REGISTERED OFFICE:
3. CIN NO/ Society Registration NO:
4. Email ID: 3.1. PHONE Nos:
5. Management Details: (Highlight the SPOC)

| Sl No | Name | Designation | Mobile No | Email ID |
|-------|------|-------------|-----------|----------|
|       |      |             |           |          |
|       |      |             |           |          |
|       |      |             |           |          |
|       |      |             |           |          |
|       |      |             |           |          |

6. Training Centres: (Highlight PMKK Centres)

| S No | Name of the Centre | Town / City | State | SPOC Name | SPOC Mobile No |
|------|--------------------|-------------|-------|-----------|----------------|
|      |                    |             |       |           |                |
|      |                    |             |       |           |                |
|      |                    |             |       |           |                |
|      |                    |             |       |           |                |
|      |                    |             |       |           |                |

7. Training History

| S. No | YEAR      | STT | SCHEMES* | RPL | SCHEMES* |
|-------|-----------|-----|----------|-----|----------|
| 1     | 2019-2020 |     |          |     |          |
| 2     | 2018-2019 |     |          |     |          |
| 3     | 2017-2018 |     |          |     |          |
| 4     | 2016-2017 |     |          |     |          |
| 5     | 2015-2016 |     |          |     |          |

|                                                                     |       |  |  |  |
|---------------------------------------------------------------------|-------|--|--|--|
|                                                                     | TOTAL |  |  |  |
| Schemes* - mention PMKVY / SSDM (Specify) / Other Schemes (Specify) |       |  |  |  |

8. Other Sector Skill Councils Affiliated with:

| S. No | Name of SSC | Year of Affiliation |
|-------|-------------|---------------------|
|       |             |                     |
|       |             |                     |
|       |             |                     |
|       |             |                     |
|       |             |                     |
|       |             |                     |

9. Credentials:

8.1 NSDC TP ID No:

8.2 Affiliated with NSDC: YES / NO

8.3 PAN No:

8.4 Date of Incorporation:

10. Documents to be submitted:

- 10.1 Last three years audited financial statements
- 10.2 Copy of PAN Card (attested by authorised signatory with seal)
- 10.3 GST Registration (if any): Copy of Registration Certificate
- 10.4 Certificate of Incorporation/ Trust Deed (attested by authorised signatory with seal)
- 10.5 Bank Details: Cancelled Cheque Leaf copy

I hereby confirm that all the information given above is true to the best of my knowledge.

Signature:

Name:

Designation:

Date: