

## TRAINING PARTNER AFFILIATION REQUEST

2. COMPLETE ADDRESS OF REGISTERED OFFICE:  3. CIN NO/ Society Registration NO:  4. Email ID: Contact Nos:  5. Management Details: (Highlight the SPOC)  SI Name Designation Permanent Mobile No Email ID or Temporary employee	1.	1. NAME OF THE ORGANISATION:										
4. Email ID: Contact Nos:  5. Management Details: (Highlight the SPOC)  SI Name Designation Permanent Mobile No Email ID or Temporary employee  6. Training Centres: (Highlight PMKK Centres)  S Name of the Rented Town / State SPOC No Centre Or City State Mobile	2.	2. COMPLETE ADDRESS OF REGISTERED OFFICE:										
S. Management Details: (Highlight the SPOC)    Sl	3.	3. CIN NO/ Society Registration NO:										
Sl Name Designation Permanent Mobile No Email ID  or Temporary employee  6. Training Centres: (Highlight PMKK Centres)  S Name of the Rented Town / State SPOC No Centre Or City Spoc Mobile	4.	4. Email ID: Contact Nos:										
No or Temporary employee  6. Training Centres: (Highlight PMKK Centres)  S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile	5.	Mana	gement Details: (	Highlight	the SI	POC)						
S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile			Name	Designa	ation	Tem	or porary	Mo	obile No		Email ID	
S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile												
S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile												
S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile												
S Name of the Rented Town / State SPOC SPOC No Centre or City Name Mobile												
No Centre or City Name Mobile	6.	Train	ing Centres: (Hig	hlight PMI	KK Cer	ntres)						
				or			State	2			Mobile	

<ol><li>Training Histo</li></ol>	ory
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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.	Credentia	ls:				
	8.1 NSDC	TP ID N	o:	8.2 Af	filiated with NSD	C: YES / NO
	8.3 PAN N	lo:		8.4 Da	ate of Incorporat	ion:
10	. Document	ts to be	submitted:			

- a. Last three years audited financial statements
  - b. Copy of PAN Card (attested by authorised signatory with seal)
  - c. GST Registration (if any): Copy of Registration Certificate
  - d. Certificate of Incorporation/ Trust Deed (attested by authorised signatory with seal)
  - e. Bank Details: Cancelled Cheque Leaf copy

I hereby	confirm	that	all the	e informati	on given	above	is true	to	the	best	of	my
				know	ledge.							

Signature:	Date:	
Name:		
Designation:		