



TRAINING PARTNER AFFILIATION REQUEST

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

Sl No	Name	Designation	Permanent or Temporary employee	Mobile No	Email ID

6. Training Centres: (Highlight company owned centres)

S No	Name of the Centre	Rented or Owned	Town / City	State	SPOC Name	SPOC Mobile No

7. Training History

S. No	YEAR	STT	SCHEMES*	RPL	SCHEMES*
1	2023-2024				
2	2022-2023				
3	2021-2022				
4	2020-2021				
5	2020-2019				
	TOTAL				
Schemes* - mention PMKVY / SSDM (Specify) / Other Schemes (Specify)					

8. Other Sector Skill Councils Affiliated with:

S. No	Name of SSC	Year of Affiliation(Currently affiliated Y/N)	Job roles	Trainer Availability for the specified Job role	Permanent or Consultants

9. Credentials:

9.1 PAN No:

9.2 Date of Incorporation:

10. Documents to be submitted:

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

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

Signature:

Date:

Name:

Designation: