



National Skill Council (India)

Formerly National Council for Education & Training, NCET
An autonomous body incorporated with Govt of India, collaborated
with Sikkim Professional University, recognised by UGC, Govt. of India

Head Office : Ganga Apartment, 4th floor, 86, Golaghata (VIP) Road, Kolkata – 48, West Bengal, India.
email : nscindia.office@gmail.com Web : thenscindia.com. Ph – 033-25345024 / 25.

Application Form for Training Partner

(Fill up the form in capital letters. Please leave one box after each word.)

(Please tick [✓] where is applicable)

1. Name & address of the proposed Training Centre :

| Name of the Proposed Institution | Address of proposed Institution with Pin Code & nearest city | Classification of Proposed area |
|----------------------------------|--|--|
| | | Mega City <input type="checkbox"/> |
| | | |
| | State : Pin Code : | State Capital <input type="checkbox"/> |
| | Fax No: STD No: | Other <input type="checkbox"/> |
| | Phone No: | |
| | e-mail: | |
| | Nearest City: | |

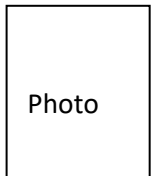
2. Details of the Chairman / Secretary / Centre Head :

Name :

Father's Name :

Off. No : Mobile No.

Resi. Ph. No : e-mail :



3. i) Whether the institution having approval from the relevant organization for conducting training programs

Yes No

(Approval letter may be enclosed)

ii) if approved, names of the existing approved courses may be given below :

| Sl No. | Name of the Course | Approved Intake | Approval Authority |
|--------|--------------------|-----------------|--------------------|
| | | | |
| | | | |

4. Details of the Applicant Society / Trust / Other :

i) Name :

ii) Society : Trust : Others :

iii) Registration No. :

iv) Date of Registration :

v) Place of Registration :

vi) Registered under : Trust Act Society Act

Please attach a copy of Registration of Society / Trust along with details of Constitution, Memorandum of Association of the Society / Trust

5. Staff Available (Attach separate sheets for different discipline)

i) Existing Technical Faculty :

| Sl No | Name of the Trainer | Qualification | Department or Discipline | Nature of appointments (Full time or Part time) | Experience (years) and specify a) industry b) Training |
|-------|---------------------|---------------|--------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |

ii) Existing Non-Technical Staff :

| Sl No | Name of the Staff | Designation | Nature of appointments (Full time or Part time) | Experience (years) and specify a) industry b) teaching |
|-------|-------------------|-------------|---|--|
| | | | | |
| | | | | |

6. Details of Computer Facilities :

| Sl.No. | Particulars | Details |
|--------|---------------------------------------|---------|
| 1. | No. of Computer | |
| 2. | Configuration | |
| 3. | LAN & Internet | |
| 4. | Legal Software (system & Application) | |
| 5. | Printers | |
| 6. | Scanner | |
| 7. | Copier | |

7. Received with thanks duly filled in application form for Institutional Member (Students' Chapter) from along with C a s h / DD / Net Banking No for Rs.in favour of "Shiuli Edutech Foundation" Payable at **Kolkata**.

Note : All Payments should be in the form of Cash / Demand Draft in favour of "Shiuli Edutech Foundation" payable at **Kolkata**. (Cheque not accepted)

8. Name of the Existing Laboratories : (List of equipments lab-wise need to be submitted)

DISCLAIMER

A mere submission of an Application for becoming a Training Partner doesn't mean and guarantee in any form that a Training Partner will be allotted to the applicant. The applicant should not indulge in any activity that highlights or publicizes him as an authorized Training Partner till and Allotment Approval is provided to him, which will entitle his application for rejection.

PRIVILEGES OF INSTITUTIONAL MEMBERS

1. Training Partner will work as a local chapter of NSC(I) to facilitate the studies / Training of the students.
2. Training Partner may receive all Publications of NSC(I)
3. Invitations to seminars / Symposium / convocation throughout India as arranged by NSC(I)
4. Render Technical advice as and when necessary.
5. Concessional rate as are offered to regular members to participate in Seminar, conferences, Convocation, workshop etc.

UNDERTAKING

1. I hereby apply for admission as an Training Partner of NSC(I) in accordance with the Rules& Regulations and the Bye-laws as they stand now or may be amended from time to time.
2. The particulars contained in the application form are true as I understand that the validity of my admission depends upon the accuracy of these particulars.
3. I undertake to abide by professional conduct rules and / or code of conduct that the Institution may frame from time to time.
4. The decisions of the Council in granting me the Training Partner shall be final and binding on me.
5. I shall promote the objects of the Council as far as may be in my power.
6. In the event of invalidity of my affiliation for any reason I shall forthwith cease to describe myself as an Training Partner of the NSC(I).
7. If I withdraw my Centre from the Council I shall do so after payment of any arrears that may be due from me to be free from this obligation.

Date

Place

Signature of the Centre Head with seal

DECLARATION

I / We, on behalf of _____ hereby undertake to comply with the Norms and Regulations of NSC(I) for establishment of NSC(I) Training Partner. I/We agree to fulfill all the conditions as may be stipulated by NSC(I) from time to time.

I /We hereby confirm that all the information furnished in the application is true to the best of my / Our Knowledge and belief and if any information is found to be false or incorrect, my/ our proposal may be rejected.

Date

Place

Chairman of the Organization

Name : _____

Sign : _____

Seal of the organization

For Office Use of NSC(I)

Approval to the Training Partner

Approval No. :

Date :// 20

Chairman / Secretary
NSC(I)