**ADMISSION FORM FOR INSTITUTIONAL MEMBERS**

**GENERAL INSTRUCTIONS**

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| 1. The application is to be filled by institutional members. 2. Copies of all the documents should be available with the Institute during physical audit. 3. A Print-out of this application form along with hard copies of the relevant documents has to be sent to Khushbu Vikas Sahogi Samiti. 4. Training Centre must sign and stamp every page of this document. |

1. Name of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of the Company/ Institute/ Firm/ Society etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contact Details of the Company/ Institute/ Firm/ Society etc:

Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no. with STD Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email id:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year of Establishment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Prior Exposure of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PAN No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. TAN No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Turnover of the Institute/ Company/ Firm/ Society etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last Financial Year)
6. Provide the Contact Details of the Director(s), Management Team Members, Operational Heads(s) and Affiliation Coordinator(s) for Training Institute:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Address | Contact no. landline and mobile | Email id |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Stamp

1. Bank Details:

Name of the Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IFSC Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Details of the Teaching Staff:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. no. | Name | Designation | Degree/ diploma | Experience in years | Regular/ visiting |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. Enclosure list:

|  |  |  |  |
| --- | --- | --- | --- |
| S. no. | List of Enclosure | Yes/ No | Remarks |
| 1 | PAN, TAN and IT Return ( last financial year) |  |  |
| 2 | Registration Certificate of Trust/ Society |  |  |
| 3 | Lease Agreement/ Ownership Proof |  |  |
| 4 | Staff Particulars(Resumes of Faculty for Training as per list) |  |  |
| 5 | Drinking Water |  |  |
| 6 | Fire Safety |  |  |
| 7 | Photographs of Lab with Equipments required to conduct the training as per QPs |  |  |

**Declaration**

I hereby confirm that my Institute, process, and other requirements as mentioned in this application form are true to the best of my knowledge and information. I further assure that we will provide the documents as and when required by Khushbu Vikas Sahyogi Samiti.

I further assure you to provide all the MIS details as required. We further acknowledge and understand that if any information provided by us in the application form of its enclosures is found to be wrong or misleading, Khushbu Vikas Sahyogi Samiti has all rights to cancel our application and take such penal action as deemed proper.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Stamp