Application Form for Registration of VTP

APPLICATION FORM

Instructions to fill the form:

- 1. Applicants are advised to read carefully the details of this Scheme and any advertisement notice issued by the DGE&T,/ RDAT/ State Director for Vocational Education before applying as Vocational Training Provider
- 2. This Form would be filled in by the Organization applying for Vocational Training Provider under SDIS
- 3. Provide two (2) copies of the application along with the application fee in the form of Demand Draft to the State Director
- 4. Provide one (1) copy of the application to the RDAT at Faridabad.
- 5. Provide the Power of Attorney of Authorized Signatory.
- 6. Organizations having more than one training centre in a particular state can submit a combined application for all the training centres in a particular state. Application forms are required to be filled up for each centre accompanied by separate application fee.
- 7. The application form, Undertaking and any other supporting documents should be signed by the Director or authorized personnel of the Institute/ Company/Firm or Officer designated by the Government (In case of Central/State Government organizations) or Chairman or Secretary of Society/Trust.
- 8. Copies of qualification documents as prescribed are acceptable, but must be completely legible and certified true copies, preferably by a Gazetted Officer. Copies will be retained for record purposes. All original qualification documents (and only original documents) will be returned by registered post.
- 9. The committee reserves the right to request original documents for verification. If falsified documents are submitted by applicant, the application will be summarily rejected and the applicant will not be eligible to apply again for registration as VTP.

Application Letter

From,	Date:	
То		
Sir,		
·	Registration as Vocational Training Provider evelopment Initiative Scheme	under the Skill
under the Skill Develop information provided by understand that we are document produced by us. We also under representative of DGE& information furnished by regard from us. During such inves	T shall be free to investigate on its own into the us in this application and/or call for any further intigation or at any subsequent stage, DGE&T materials.	o state that the d belief and we e information or or any other he correctness of information in this
	or if already issued may cancel the same and s Vocational Training Provider / Assessing	
Signature of Authorised Pe	erson	
Name & Designation:		
Address:		
Phone No.:	E-mail:	

1. Contact Details	
Name of the Organization	
Name of the Head of the	
Organization	
Contact Details	Address:
	City:
	District:
	State:
	Pin Code:
	Telephone:
	Mobile:
	Fax:
	Email:
	Website:
Name of the Centre for which registration as VTP is sought	
Contact Details	Address:
	City:
	District:
	State:
	Pin Code:
	Telephone:
	Mobile:
	Fax:
	Email:
	Website:

2.	Preliminary Data			
a.	Whether applying for	First Time O	Second Time O	Third Time O
	Registration for the			
b.	If re-applying, please			
	specify the last date / s of			
	application and reasons of			
	not being selected			
c.	Date of Registration /			
	Incorporation			

Sr	Type of Institute	Whether institute	Yes / No	Details and
No.		affiliated/ accredited to		Documentary
		any of the institution		Proof
		mentioned below?		
A	ITIs/ITCs/Colleges/	NCVT / AICTE / MCI / INC		
	Schools/Distance	/ NCHMCT / Any other?		
	Education			
	Institue/Organizatio	In case, the Accreditation		
	ns/Autonomous	Body is a Council, then it		
	Organizations	should be set up under the		
		Central Government		
		Ministry		
		Central/ State / UT		
		Government University		
		University recognized by		
		UGC		
		Central/ State Board of		
		Secondary Education		
		Board of Technical Education		
		Distance Education Council		
		of India		
		University recognized by		
		DEC of India		
		Institutes approved by		
		International Air Transport		
		Association (IATA) or		
		International Civil Aviation		
		Organisation (ICAO)		
		Set up by Central/ State/UT		
		government		
		In case of autonomous		

		organizations	
		Any other (Please specify	
Ī	T	 the above would be Certificates	

S	S Type of Institute Documents / Information to be		
No.		furnished	
			Proof
a.	Providing training under	Date of Registration for providing	
	Apprentices Act, 1961	training under Apprentices Act 1961	
		Attach Certificate of Registration	
		Letter from Competent Authorities for	
		satisfactory work performance	
		OR	
b.	Registered Organization in	Certificate of Incorporation	
	India		
		Number of full time employees at the	
		time of submission of application	
		Permanent Income Tax Account	
		Number (PAN)	
		Service Tax Registration Number	
		Audited accounts of statements for the	
		last three years	
		OR	-

c.	Hospitals/ Nursing homes	Certificate of Registration with	
		appropriate local authority	
		Date of Registration	
		No. of beds	
		Details of Training Infrastructure	
		Service Tax Registration Number	
		OR	
d.	Chambers of Commerce	Number of members at the time of	
	and Industry / Associations	submission of application	
	of Industries or Trade		
	OR		

e.	Others engaged in	Date and Certificate of being Registered	
	providing Training	as Company /Firm/ Trust/ Society	
		conducting vocational education /	
		training / job oriented / self	
		employment/ entrepreneurship	
		development training courses	
		Name of the Management / Trust	
		Letter from Competent Authorities for	
		satisfactory work performance	
		Whether trained 1000 persons in the last	
		three years under a Central Government	
		Scheme?	
		Permanent Income Tax Account	
		Number (PAN)	
		Service Tax Registration Number	
		Audited accounts of statements for the	
		last three years	
		Self Attested Undertaking that it is not	
		black-listed by any Government entity	
		in India	

5. Financial Performance Summary Fo (To be filled in by those organizations which accounts of statements)				
In Indian Rupees	FY – 1	FY - 2	FY – 3	
Turnover				
Profit after Tax				
Net Worth	Net Worth			

6. Technical Proposal for Vocational Training under SDI Scheme

- Background of the organization with reference to its experience in promoting, managing and operating training mandates; its legal standing with respect to its registration; details of its promoters including their background
- Training domain activities related to the sectors / trades in which it proposes to impart the training since its inception and its growth plan
- Methodology of Training, Training Infrastructure and amenities available at its centres
- Policy with regards to Trainers recruitment, retention and development
- Industry tie-ups for imparting training & Industry tie-ups for post-training support in the form of generating employment (wage employment/ self employment / any other)
- Any other relevant information

Please attach a write-up covering all the above mentioned points. The Information provided herein should be adequately supported by relevant documents

7 Details of application	fee
Demand Draft	
Number Date	
Payable at	
Bank	
Amount	

8 Bank Details for the pu	8 Bank Details for the purpose of payment of release of funds from RDAT to VTP		
Account Details to be submitted after selection			
DD to be drawn in favour			
of			
Payable at			
Bank account details			

9. Details of the MES Sectors/Courses for which VTP proposes to conduct training		
Name of the Sector	MES Course Code	Name of the Courses

Name of the Organization

Signature of Authorised Person

Name and Designation:

Phone No:

E-mail:

Supporting Documents

Please submit the following supporting documents (whichever applicable) along with the application form:

- 1. Copy of the Certificate of Registration from the relevant Accreditation Body
- 2. Copy of Registration of Society/Trust along with details of constitution, memorandum of association of the Society/Trust.
- 3. Certification of Incorporation of the Company
- 4. Copy of the letter from Competent Authority for satisfactory work performance
- 5. Details of latest fund position along with relevant Bank account available with the applicant for this proposal.
- 6. Supporting documents for Technical Proposal
- 7. Application fee
- 8. Audited Statements

Check list regarding documents submitted by the applicants

Sr.No	List of documents (To be filled by	Comments (To be filed by the office)
	the applicants)	

For Official Use (To be filled in by the State Directorate)					
To be filled by the authorized officer of the State Directorate dealing with the Craftsmen Training Scheme					
The information furnished by the applicant is found to be correct as per the record available to the Directorate					
Any other comments:					
Signature of Authorised Person					
Name and Designation :					

Dogistration No.		
Registration No:	maning the fellowing ME	C Courses
	running the following ME	
Name of the Sector	MES Course Code	Name of the Courses
_		
Any other comments:		
_		
Signature of Authorise	ed Person	
Name and Designation	1:	
Phone No:		
E-mail:		
,		