



CENTRE AFFILIATION FORM

KAUSHAL VIKAS COUNCIL OF SKILL & VOCATIONAL STUDIES

A Unit of Kaushal Vikas Educational Trust

Regd, NCT Delhi-Under An Act 525, Section 60 Govt. of India-Regd. No. 525, Book No. 4, Vol No. 860

ISO: 9001: 2015 Certified
www.kvcouncil.com

OUR CERTIFICATION

- Under Human Right Protection Act 1993, autonomous bodies have been given special protection & consideration
- Registered ISO 9001:2015
- Running Under Guideline of Govt. of India, National Education Policy, 1986.
- Registered By: Indian Trust Act-1882
- Central Vigilance Commission Govt. of India
- Department of Labour NCT Delhi Reg. No.-2019057347
- Udyog Aadhaar Govt. of India- DL11D0015952



1. Name of the Organization / Institution: _____

2. Year of Establishment: _____

3. Type of Organization/Institution: (Please Attach Proof) _____

4. Full Postal Address: _____

District: _____
Country: _____

State: _____
Pin Code: _____

5. Official Communication:

Phone No:

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6. Mobile No:

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Email: _____

Fill the Following and Enclosed Proper Proof:

7. Premises Details: Owned ☐ Rented ☐

8. Total Carpet Area of Organization/Institution (Sq. Ft): _____

9. Total Site Area of Organization/Institution (Sq. Ft): _____

10. Internet Connectivity: Yes ☐ No ☐

11. Details of Computers

12. Details of Computers Generator ☐ LCD Player ☐ Fax ☐ Photocopier ☐

13. Total Teaching Staff _____

14. Total Office Staff _____

15. Academic/ Study/Information Center Type _____

DIRECTOR PROFILE

1. Name: _____

2. Designation: _____

3. Gender: Male ☐ Female ☐

4. Qualification: _____

5. Experience: _____

6. Photo ID Proof: (kindly enclose the copy) Driving License ☐ Passport ☐ Voter ID ☐ PAN Card ☐

7. Aadhar No. _____

Latest Color
Photograph in
Passport Size of
the Proposed
Principal/ Director

DECLARATION

In support of the application, I certify that, having read the Norms and Procedure for accreditation of institutions, I undertake to ensure that the institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Academic Center from time. I further affirm that accreditation, if granted to the Institution, will not be used for commercial purpose, rather will be used to serve the needs of the **Kaushal Vikas Council of skills & vocational Studies students**. I shall do what is in my power to ensure the smooth and proper functioning of the Institution.

I have carefully read and understood all the guidelines, specifications and other information published by the **Kaushal Vikas Council of Skills & Vocational Studies**. In case of any disputes or for any unforeseen issue (s) or issues not covered in the guidelines, specifications and other information published by the **Kaushal Vikas Council of Skills & Vocational Studies** the decision of the **Kaushal Vishal Council of Skills & Vocational Studies** shall be final and binding on me and all other concerned.

I agree that the **Kaushal Vikas Council of Skills & Vocational Studies** reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere e whenever deemed necessary.

In any disputes the courts of Delhi shall have exclusive jurisdiction.

Date: _____

Place: _____

Specimen Signature of the
Proposed Principal/Director

Seal & Signature of the Head of the
Organization

DOCUMENTS TO BE ATTACHED

- Organization Registration Certificate Copy
- Resolution of Society/ Trust/ Pvt. Ltd
- Copy of MOA/AOA/Byelaws of Society/Trust/Pvt. Ltd
- PAN Copy
- Organization Head PAN Copy
- Aadhar Card copy of Organization Head
- Organization Building Ownership Proof/Rent Deed
- Organization Building Photograph
- Owner/Director/President ID Proof
- Owner / Director / President Passport Size Photography

Date: _____

Place: _____

Authorized Signature and Seal