

### Application for the Registration of Training Centre.

I hereby furnish following information pertaining to Organization / Industry/ Association or Cluster.

#### 1. Basic Information

1	Name of Organization / Industry / Association / Cluster		
	Type of Organization		
	Year of Establishment		
	Legal Status/ Registration Number		
2	Postal Address of organization		
	Website		
	Email		
3	Contact details of CEO / MD / President	<b>Name:</b> <b>Email ID:</b> <b>Phone number:</b>	
	Contact details of Point of contact / Authorized signatory for I-KVK	<b>Name:</b> <b>Designation:</b> <b>Email ID:</b> <b>Phone number:</b>	
5	Nature of Product / Activity		
6	Sector		
7	No. of Staff employed by organization	<b>Full Time:</b>	<b>Part Time:</b>

## 2. Previous Training Activities in the Organization/ Industry Association or Cluster

1.	Does the Organization/Industry Association or Cluster have a training unit/skill development cell to identify the training needs?	Yes:	No:
2.	If Yes	Year of establishment of training unit	
		How many staff employed at training unit	Full Time: Part Time:
		How many people received training in the previous calendar year (20__ -20__)	
3.	*Other activities relevant to skill development conducted by Company/ firm/organization/Association/ Industry Cluster		

**Activities for providing employments to the trainees like organizing job fairs, engaging of apprentices, conduct training for member industries etc.**

**3. Skill manpower requirement and details of Job role under Vocational Training Scheme**

Skilled manpower required within the organization/ members of Industry Association			Nature of Skill			Annual requirement	
			1.				
			2.				
			3.				
Sr.No.	Name of Job role	QP code	Sector	Category	Course Duration in Hours	Batch size	Trainees to be enrolled in 6 months period

**4. For Industry Association/ Industry Cluster**

**Number of member Industries who will employ trainees from Vocational Training Scheme.**

Sr. no.	Member Name
1.	
2.	
3.	
4.	

**5. Financial Account Details Information**

Sr. No.	Details
1.	PAN Details
2.	GST Details

## 6. Financial Year wise Turn Over and Chartered Accountant Certificate

Sr. No.	Financial Year	Annual turn over
1.	2019-20	
2.	2018-19	
3.	2017-18	

**Note: - Performance Bank Guarantee (PBG):- as per selection of Job role 5% PBG will show here.**

Job Role	QP ID	Common norms Category	Total Hours	Rate (Per trainee per Hour)	Total payout per trainee	Payout per trainee Per Month	5% PBG per trainee per Month,

### Declaration: -

The applicant entity registering as Training center shall ensure the veracity of the information being provided through this form. In case the information given here is found to be incorrect/ misrepresented or misleading in any respect, Dr. APJ Abdul Kalam National Institute for Skill Development (AKNISD) shall have right to initiate appropriate legal proceedings against the applicant entity and its director(s)/ proprietor(s)/ partner(s)/ members of Managing Committee/ Officers. In such case, the applicant entity agrees to indemnify AKNISD and its directors/Officers for the same.

Further, AKNISD shall have the authority to suspend or cancel the applicant entity form participating as a Training Centre. It is also agreed that the information about the Suspension/ cancel would be made public provided to all the local newspaper along with other relevant stakeholders.

I, \_\_\_\_\_, declare here and confirm that all the documents attached to the application as a training center for running a vocational course are correct and valid. I have given myself complete satisfaction with the legal status of the trainer,

i.e. it is an autonomous statutory body that having powers with the rules for its functioning. The institute is duly authorized and competent to provide training for the vocational courses prescribed by the National Skill Quality Framework (NSQF) for which I have applied. I also undertake not to raise any objection about the training providers' legal status and the degree awarded by the training providers after completing the requirements prescribed by the National Skills Qualification Framework (NSQF). I also understand that certificates issued by AKNISD are valid for jobs in the private sector and/or may not be valid for government sector jobs. I also agree that fees/charges paid by me to the training provider will not be refundable under any circumstances. In case of any dispute/differences/claim or disciplinary action settlement by training providers' arbitration clause shall be final and binding to me. I shall always follow the rules and regulations of the training provider and in case of any breach thereto, I shall be liable to be penalized for the same which may include cancellation of the training center.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant's



**Saksham**  
Increase the Skills and Capabilities

### Supporting documents to be enclosed:

1. Copy of legal document such as registration certification.
2. For Industry Association/ Industry Cluster support letters from members highlighting intent of participation in I-KVK scheme with list of member enterprises who will participate.
3. Any other document to support the responses required for above sections.

Sr. No.	Document	To be upload
1	Year of Establishment	
2	Proof of Address	
3	PAN details	
4	GST details	
5	Chartered Accountant Certificate of Financial year of last 3 years	
6	Any other document to support responses required for above sections	

**Saksham**  
Increase the Skills and Capabilities

**We AKNISD will provide the following material within 7 days of signing the agreement**

- Student kit [Bag, Books - CCC, Tally, DTP, Spoken English]
- Membership Certificate
- Membership Banner (7x2 ft)
- Sample Certificate
- Marketing Material


**Payment Terms**

- Applied Sector:
- Rs.  onetime payment
- Installation Plan   
Rs.  on signup Date :
- Rs.  After 1 Month Date :
- Rs.  Within 3 Months Date :



**Note :** Please fill up this details at the earliest and mail it to us along with centre photographs on [franchisee@rebirtheducation.com](mailto:franchisee@rebirtheducation.com) so that your login credentials for AKNISD Membership accreditation and affiliation as Training centre are created at the earliest.

**AKNISD Membership** fees of Rs.  are to be paid in form of cheque in favour of '**DR APJ ABDUL KALAM NATIONAL INSTITUTE FOR SKILL DEVELOPMENT**', Bank of Baroda, Market Yard Branch, **Accountant Number 577020009811** IFSC Code: **BARBOMARVIS** (fifth character is "ZERO") payable at Visnagar. Scan and Pay above QR Code by any UPI mobile application for easiest payment.

<p>Become a Successful <b>ENTREPRENEUR</b></p>  <p>Thanks to <b>Join with AKNISD</b></p>	<p><b>EXPLORE ALL OPTIONS IN IT EDUCATIONAL BUSINESS !</b></p>
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*This is to certify that the details filled up in this participation form are true and correct to the best of my knowledge and I know that the fees of Rs.  for participation in AKNISD Membership paid by me are non refundable and if installment not paid on due date, My portal facility on website will be closed and I agree to pay portal reactivation charges Rs. 250/-*

Applicant Name :	
Signature :	
Place :	
Date :	

Stamp Here

**REBIRTH EDUCATION & RESEARCH FOUNDATION**, 3rd Floor, Marutinandan Complex, Opp. G.D Highschool, Visnagar.

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(RERF is initiated by the E.O.T & C.E.C. Has been registered by the Government under the B.P.T. Act. 29/1950 & So. Act. 21/1860 Vide Reg.No. F/3731(Meh) Guj./3746)