



SKILL DEVELOPMENT COUNCIL

कौशल्य विकास परिषद

Application Form

To,

The Secretary,

SKILL DEVELOPMENT COUNCIL.

MAHARASHTRA STATE.

Dear Sir,

We wish take affiliation of the board thereby we are submitting this application form. We certify that we have very well understood our responsibilities and the implications of the scheme. We undertake to follow all the instructions issued by the board from time to time. We assure to follow all the rules and regulations, terms, conditions and norms of the board. We further assure you to that we will try our level best to provide quality education to fulfill the objectives of the board.

The Authorized Signatory of the Institution Society/Trust/Company

Name 1:

.....
.....

Name 2:

.....
.....

Designation:

.....

Designation:

Signature & Seal with date:

.....

Signature & Seal with date:

Note: This letter must be typed / photocopied on the letterhead of the Institution and attached at the top of application form.

NOTE: (Please read the following instructions carefully before filling in the form.)

- 1.) Go through the constitution of board, rules & regulations & all other information related to board, as there is no provision of affiliation fees refunding.
- 2.) Use only prescribed Application Form.
- 3.) Type/Write in Block/Capital letters only.
- 4.) To be submitted along with self certified photocopies of the documents and enclosures.
- 5.) Separate forms are to be used for Institutions having different premises/Locations/branches.

Affiliation Form

DETAILS OF THE INSTITUTION :

Name of the Institution :

.....
.....

Name of the Director of the Institution :

.....
.....

Year of the Establishment of the Institution :

Registration Number:

Address :

.....
.....

City Distt State

.....

Pin Code :

Phone No. with STD code :

.....

Mobile No 1 : Mobile No 1:

.....

Fax No. :

E-mail address:

Website address if any :

Population of the city :

a.) Name of the Trust/Society:

.....
.....

b.) Registered Address :

.....
.....
.....
.....
.....

c.) Year of establishment : d. Registration Number :

.....

e.) Registering Authority :

.....

f.) List of Office Bearers:

President:

.....

Secretary:

.....

Treasurer:

.....

g.) Phone No. with STD code:

.....

h.) Fax No.: i.) Email id:

.....

j.) Objectives of the Society/Trust/Company :

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

THE SOCIETY/TRUST/COMPANY GOVERNING THE INSTITUTION

Description of Rooms Area in sq.ft.

(A)Director.Room :

(B)Faculty Room :

(C)Office :

(D)Library and Reading room :
.....

(E)Computer Laboratory :
.....

• (F)Class Rooms :

1.
.....
.....

2.
.....
.....

3.
.....
.....

4.
.....
.....

(G) Reception :

.....

(H) Toilets for Boys/Girls :

.....

(I) Parking Area :

.....

(J) Girls/Boys Common room :

.....

Total Area in Sq. Ft. :

.....

Facilities of Computer, peripherals and communication devices

(i) Number of Computers :

.....

(ii) LCD Projector and LCD screens :

.....

(iii) Number of Printers with Details of each

:.....

.....

.....

(iv) Number of Scanners :

.....

INFRA STRUCTURAL DETAILS OF THE INSTITUTION:

(v) Details of Internet Facilities :

.....

(vi) Details of Networking :

.....

(vii) Teleconferencing Facility

:.....

FINANCES

1. Financial capability and strength of the Institution :

.....

.....

2. Source of Finances :

.....
.....

Declaration :

On behalf of the institute:

.....
.....

I..... Son/Daughter
of..... do hereby declare
that the particulars furnished above are correct to the best of my knowledge and belief and that I am
prepared to undergo any punishment imposed on me if any of the particulars furnished are found to be
false and misleading. I also further declare that I shall abide by the conditions, rules and regulative
measures imposed by the board from time to time for granting permission/affiliation to establish and run
this institution. In future I shall never claim anywhere against board as i read out all the information
related to board. If i do this court shall disable me.

Signature Head of the Institution/Authorized Person

Date: (Designation)

Place:

(Seal)