



APPLICATION FORM

for OPENING a Skill Centre

under

SIGN-IN Project Development (P) Ltd.

(To be completed by the applicant)

To,
The Director
SIGN-IN Project Development (P) Ltd.
Baghajatin Road, Baghajatin Park
Siliguri, Dist: Darjeeling

Date: _____

Subject :- Application for the establishment of a SKILL DEVELOPMENT CENTRE

Dear Sir,

I submit here with an application to open a Skill Development Centre. I am sending herewith the detail form along with all required documents as per your given format.

Thanking you and hope for early favorable reply.

CERTIFICATE

Certified that the information provided by me is correct and complete to the best Of my knowledge

Yours sincerely

(Signature)

(Name In Block Letters)

Note: Application received in an incomplete form or after the prescribed date will not be entertained



Baghajatin Road, Baghajatin Park
Siliguri, Dist: Darjeeling
Website : www.signinprojects.com
E-mail : info@signinprojects.com

APPLICATION FOR NEW SKILL DEVELOPMENT CENTRE

(FOR OFFICE USE ONLY)

Name of the Study Centre: _____

Place: _____

District: _____

State: _____

Date of Selection: _____

STREAM : IT **MANAGEMENT**

Affix recent

colored

Photograph duly

❖ **DETAILS OF THE PROPOSED STUDY CENTRE :**

1. **Name of the Applicant :**

2. **Complete Address for Correspondence (Do not repeat the name) :**

City :- State :- Pin Code :-

E-mail Address :

Location : (Pls. tick which ever is applicable)

URBAN SEMI-URBAN RURAL BACKWARD

3. **Contact Numbers : STD Code**

(O) :
(R) :
(Mobile) :
(FAX) :

4. A. Details of Educational Qualification of the Applicant (From X standard onwards) :

NAME OF THE QUALIFYING EXAMINATION	YEAR OF PASSING	SCHOOL/COLLEGE	BOARD/ UNIVERSITY	PERCENTAGE

B. Work experience of the Applicant :

DURATION	NAME OF THE ORGANIZATION	DESIGNATION	RESPONSIBILITY

5. Your Survey :

- a. Population of city/ town :
- b. No. of schools and colleges in the area :

6. Proposed Infrastructure Facilities (Give a layout of the building, if possible) :

PARTICULARS	PROPOSED AREA (SQ.FT)	NO.OF ROOMS	INTAKE CAPACITY
STAFF ROOM			
CLASS ROOM			
LABORATORY			
LIBRARY			
RECEPTION			
REST/GUEST ROOMS			
TOILETS			
ANY OTHER			

7. LOCATION :

- (i) Nearest Airport :
Distance from Airport :
- (ii) Nearest Railway Station :
Distance from Railway Station :
- (iii) Nearest Bus Stand/ Stop :
Distance from Bus Stand/ Stop :

8. Courses which shall be conducted at your centre:

SR. NO.	COURSE TITLE	DURATION	INTAKE CAPACITY PER BATCH	BATCHES PER DAY	FULL/ PART TIME	COURSE FEE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

9. Track Record of your Institute :

- a. Details of courses conducted during previous year (if any)

- b. Is there a placement assistance in your institute?

- c. Any other activity carried out?

Dated _____

Signature of the Applicant _____

Place _____

Name in Block Letter _____

10. Give the details in following of two well-known persons who knows about you.

REFERENCE

Name : _____
Designation : _____
Office Address : _____
Residential Address : _____
Phone No : _____
Email Address : _____

I know Mr./ Mrs _____ for the last _____ years.
The academic performance and financial position of him/her is strong enough to implement skill Development Programmes.

I recommend him/her for implementation skill Development Programmes.

Date : _____
Signature with Seal

REFERENCE

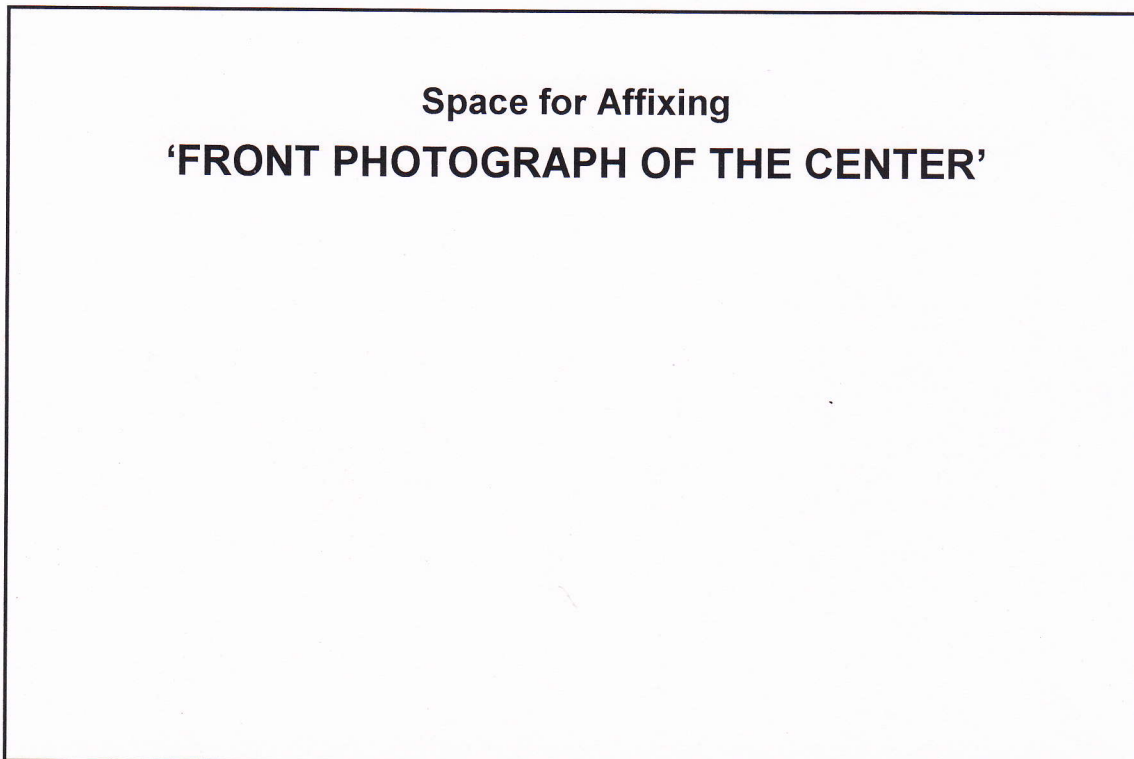
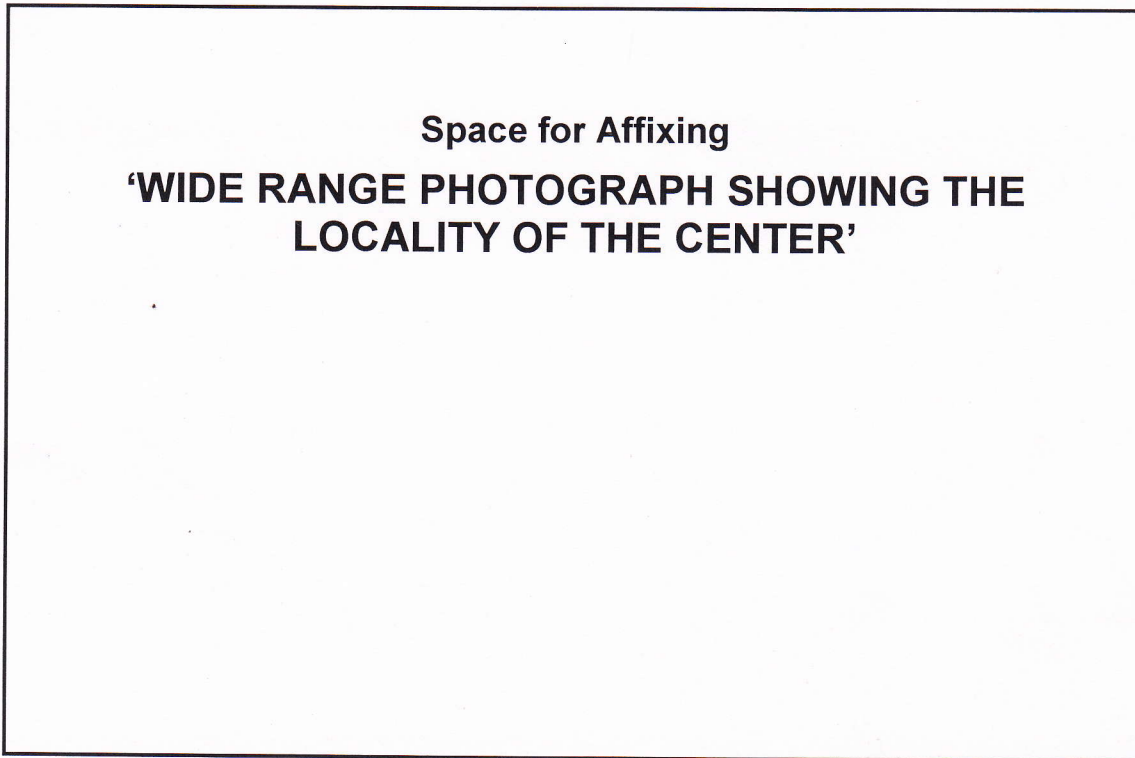
Name : _____
Designation : _____
Office Address : _____
Residential Address : _____
Phone No : _____
Email Address : _____

I know Mr./ Mrs for the last years.
The academic performance and financial position of him/her is strong enough to implement skill Development Programmes.

I recommend him/her for implementation skill Development Programmes.

Date : _____
Signature with Seal

***PHOTOS TO BE PASTED:**



**Space for Affixing
'PHOTOGRAPH OF THE RECEPTION AREA OF THE
CENTER'**

**Space for Affixing
'PHOTOGRAPH OF LECTURE ROOM OF THE CENTER'**

**Space for Affixing
'PHOTOGRAPH OF THE COMPUTER LAB OF THE
CENTER'**

**Space for Affixing
'PHOTOGRAPH OF CLASS ROOM OF THE CENTER'**

**Space for Affixing
'PHOTOGRAPH OF CLASS ROOM OF THE CENTER'**

Declaration

I/We certify that all information in this application form and on any attachments is true and accurately represents my/our current and continuing financial conditions. I/We authorize or its representative to verify any information from whatever source it deems appropriate.

I/We understand that any misrepresentation in this statement may result in rejection of this application.

Signature of the Coordinator:

Name in Block Letter:

Date:

Place: