

**Annexure 1**

**Form To Be Filled By The Vocational Training Provider**

- (1) Name and Address of the Organization:
- (2) Type of the Organization:  
(Educational Institution/Industry/Company/Trust/Individual/Society)
- (3) Registration No. if registered under Public Limited Company/Trust/Society Act.:
- (4) Name of Trustee/Chairman:
- (5) Name of the Head of the organization:
- (6) Contact Person of the centre with email and Phone No:
- (7) Temporary VTP Registration No. & Date of Registration:
- (8) Whether applying for Registration of VTP for the first time:
- (9) If re-applying ,Please specify the last report date(s) of application and reason for re- applying:

**(10)** Name of Sectors/Courses for permission:

<b>Sr. No.</b>	<b>Sector</b>	<b>Module Code &amp; Name</b>	<b>No. Of Student Per Batch</b>
1.			
2.			
3.			
4.			
5.			

**(11)** Infrastructure: Detail of tools, equipments and machinery required as per syllabus in the same serial order ( Photographs To Be Attached):

<b>Sr. No.</b>	<b>Sector</b>	<b>Module Code &amp; Name</b>	<b>Name of tools, equipments and machinery as per syllabus</b>	<b>Required No.</b>	<b>Available No.</b>	<b>Proof Of Purchase (Purchase Bill To Be Attached)</b>
1.						
2.						
3.						
4.						
5.						

**(12) Faculty Detail:**

Sr. No.	Module Code & Module Name	Faculty Name	Qualification ( Attached copy of certificate)	Photograph	Resume Attached? (Yes/Not)	As Per Norms Or Not?
1.						
2.						
3.						
4.						
5.						

**(13) Whether photographs attached? YES /NO**

(Please attach photographs of site/infrastructure/tools equipment & machinery together with application form)

**(14) Whether enough space is available for training or not?**

**(15) Detail of Building (Own / Rented ):**

If Own, registration documents /Copy of Gram Panchayat Akarni Patrak & Nagarpalika/Municipal Corporation Certificate (Self Certified)

If rented, duration of lease & date of expiry of lease (Required Documents)

**(16) Biometric Device (Available/Not Available):**

If no, then they will get VTP Registration then they will purchase a biometric device (signed by head of the organization)

**(17)** Whether enough power supply is there or not? .....KW

Sr. No.	Sector	Required Power Supply (KW)	Available Power Supply (KW)
1.			
2.			
3.			
4.			
5.			

**(18)** How many separate labs and how many separate class rooms are available? -

**(19)** Is the infrastructure availability as per norms? If no, what are the gaps? :

Sr. No.	Module Code & Module Name	Class Rooms			Work Shops		
		As Per Norms Required Place (sqm.)	Actual	Deffi.	As Per Norms Required Place (sqm.)	Actual	Deffi.
1.							
2.							
3.							
4.							
5.							

**(20)** Probable Time Table (Module Wise & Hours Wise) (To Be Attached) :

**(21)** Whether drinking water & sanitary block facility is available or not? : YES/NO  
 Whether separate toilet for males & females is there or not? : YES/NO

(Photographs to be attached)

(22) Other facilities:

Sr. No.	Facilities	Yes	No
1.	Library on the job training		
2.	MOUS with industrial establishment		
3.	Placement Cell,		
4.	Post Training		
5.	Post Placement tracking for one year		
6.	Separate Portal of VTP for post placement tracking		

(23) Past Experience :

Sr. No.	Government Department	Date Of Order	Course Name	Scheme Of Government	No. Of Candidates	Duration Of Course	No. Of Placed Candidates
1.							
2.							

(24) Currently, Organization is working with which all government offices/departments giving what kind of training- course name. Also mention central government offices like NSDC, NSDA, and Textiles etc. :

#### SELF - AFFIDAVIT

I certify that, this information to the best of my knowledge and the information furnished above is correct. I will not do any duplication of students and also I will not take fees from the students and if any of the information given is found wrong in future, I will be liable for action to be taken as per SDI –MES scheme

Place: (Name & Signature with stamp of Authorized Signatory of the VTP):

## Annexure 2

### Summary Report

1. File No. : \_\_\_\_\_
2. Temporary Number : \_\_\_\_\_
3. Name Of VTP : \_\_\_\_\_
4. Address : \_\_\_\_\_
5. Contact Person : \_\_\_\_\_
6. Self Affidavit :  
 Attached  Not Attached
7. Inspection Status :  
 Done  Not Done
8. Type Of Organization :  
 Educational Institute  Industry  
 Company  Trust  
 Individual  Society
9. Building :  
 Rented  Own
10. Biometric :  
 Available  Not Available  Assurance Given

11. Photographs :

Classroom

Lab

Machine

Equipments

12. Time Table :

Attached

Not Attached

13. Drinking Water & Sanitary Facilities :

Available

Not Available

14. Other Facilities :

Library on the job Training

MOUs with Industrial

Placement cell

Post Placement Tracking for one Year

Post Training

Separate Portal of VTP For Post Placement Tracking

15. Experience with Other Department :

Yes

No

If Yes, Please Mention :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

16. Proof Of Machinery Purchase :

Attached

Not Attached

Some Of Attached

## Course Information

Sr. No.	Course code	Space	Faculty	Power	Equipments
1.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
2.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
3.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
4.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
5.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
6.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
7.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given
8.		<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given	<input type="checkbox"/> As per Norms <input type="checkbox"/> Not As per Norms <input type="checkbox"/> Assurance Given

**(Name & Signature with stamp of inspecting officer)**



### Annexure 3

#### Recommendation of VTP Inspection Committee:

Inspection Committee Inspected ..... On ..... Information furnished in the report on the prescribed Performa have been checked and verified as per the prescribed norms and standards. Based on the inspection, the Committee recommends registration of the VTP in the following Sectors/Modules.

Sector	MES Code No	Name Of Module

❖ **Overall observation** (Please write overall observation):  
(Reasons For recommendation and not recommendation should be written course wise parameters specially should be mentioned. As Per Norms faculty, machinery and space is available or not .Whether there is any chance of duplication candidates in scheme of different departments run by the agency.)

❖ **Remarks**

Name and designation of inspecting authority	Signature
1.	
2.	
3.	
4.	

Place:

(Name & Signature with stamp of inspecting officer)