

ADDONx SKILL DEVELOPMENT CENTER

APPLICATION FORM

NEW INSTITUTIONS/INTEGRATED CAMPUS/CONVERSION TO INTEGRATED CAMPUS

STATE							DISTRICT		TALUK		PANCHAYATH			
NAME OF THE INSTITUTION							TYPE OF MANAGEMENT		YEAR OF ESTABLISHMENT					
Address of the institution							Name Address of Principal/Center Manager		Name Address of Chairman/MD/Manager/Proprietor					
Contact Number			Email ID		Contact Number		Email ID		Contact Number		Email ID			
PARTICULAR				YES/NO	PARTICULAR				Nos.	Area in Sq Mtr	Total Area			
Internet Bandwidth & Connection					Class rooms									
Is Power Supply Available					Tutorial Room									
Provision of Back up Supply					Computer Lab									
Whether the Computer Lab is Air Conditioned					Lab 1 (_____)									
Availability of Institute Website					Lab 2 (_____)									
Availability of Barrier free Environment					Lab 3 (_____)									
Availability approach road					Seminar hall									
Number of Teaching Staff					Main Office									
Number of Non Teaching Staff					Principal/Center manager Room									
Total Number of Students Studying					Staff Room									
Library facility					Toilets (Gents)									
Car Parking Area					Toilet (Girls)									
Play Ground					Toilet (Staff)									
Auditorium					Total floor Area Available									
General Store					Library									
Exam Cell					Reading Room									
Own Land					Canteen									
Own Building					Excess Area Available									
Any Previous Experience In the Selected Courses					Available Land Area									
Placement Cell														

Name & Signature Principal

Office Seal

Name & Signature Chairman/MD

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Name of Institution	District	Taluk	Panchayath

DETAILS OF EXISITING PROGRAMMES

Sl. No.	Name of Course	DURATION	CERTIFYING AUTHORITY	No. of Students studying		
				1 st Yr	2 nd yr	3 rd yr

Office Seal

Name & Signature of Center Head/Principal

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NEW INSTITUIONS/INTEGRATED CAMPUS/CONVERSION TO INTEGRATED CAMPUS

Name of Institution	District	Taluk	Panchayath

DETAILS OF STAFF

Sl. No.	Name of Staff	Contact Number	Designation	Qualification

Office Seal

Name & Signature of Center Head/Principal

Terms & Conditions

1. I can confirm that the Centre will meet and all the requirements set out by Center for Skill, JAIN Deemed to be University, Bangalore for the centre Approval.
2. We are already an approved centre with another organisation and I/we are providing previous external quality assurance reports for the past 12 months to support our application.
3. To the best of my knowledge, the information and dates included in this application form are accurate and up to date.
4. I can confirm that all members off staff who will be involved in the delivery, assessment and quality assurance of the product/s will be competent in the area specified.
5. We will ensure that for each qualification delivered there is at least one coordinator and one Internal Quality Assurer at all times, who are different members of staff.
6. I understand that Center for Skill, JAIN Deemed to be University, Bangalore will hold electronic records of the information provided and may be used for any purpose deemed relevant to the qualification(s) we will be offering.
7. I agree to pay all costs for Centre Approval activity mentioned below
 - a) EVC Fee Rs.15000+GST (Fifteen Thousand + GST)
 - b) Center Approval fee Rs. 100000+GST (One Lakh + GST)

For **Institution**

Name :

Designation:

Signature:

Office Seal: