

To
DR.BR. AMBEDKAR TECHNICAL EDUCATION
Board for Vocational and Skill Development
VISAKHAPATNAM
Andhra Pradesh

Date :

Respected Sir

Sub: Request for Authorized Training Center & Undertaking DATE-BVSD Center

I _____
S/o,W/o,D/o _____ resident of _____
district _____ in _____ State,
India requesting you to consider us for DATE-BVSD Authorized Training Partne (ATP) in
conducting Skill development, Job oriented courses.

I undertake to provide proper training, practicals, classroom sessions and study materials to
our students for the specified courses offered by DATE-BVSD at reasonable fee and placement
support. Also undertake that we will not misguide, misuse, misrepresent DATE-BVSD in any
manner, any place, anyone against the interest of organization. Any such issues raises we will be
responsible for the queries, issues or allegations etc and also follow the DATE-BVSD guidelines

(Center Director)

Name :

Place :



डा बिआर अंबेकर तकनीकी शिक्षा व्यावसायिक और कौशल विकास परिषद
Dr. B.R. Ambedkar Technical Education

Board for Vocational and Skill Development
Recognized by Government of India

| AFFILIATION FORM |

Date :

Place :

Application for New Associate Authorized Training Provider (ATP)

1. Name of the Institution : _____
2. Year of Establishment : _____
3. Type of Institution : _____
(Thrust / Society / Pvt Ltd // NGO / School / Educational Institution / Any other –please specify)
4. Full Address – Permanent
D. No: _____ Street: _____
Locality : _____ Landmark _____
District _____ State _____ Pin Code : _____
Phone No. _____ Email ID : _____
5. Nature of Premises : Rented / Owned / Lease - _____
6. Total Area of Center : _____
7. Infrastructure Details
No of Classrooms: _____ No of Practical Rooms: _____
No of Administration rooms: _____ Library rooms: _____
No of Toilets: _____ Drinking water facility: _____
_____ No Of Computers: _____:
8. Details of the Courses applied for : a. _____
b. _____
c. _____
d. _____
e. _____
9. Details of Training Staff and Other Staff: attach resume / details sheet

Signature
Head of the Institution/Authorized Person

DIRECTOR PROFILE

1. Name : _____
2. Designation : _____
3. Sex: M/F : _____
4. Qualification : _____
5. Experience : _____

DECLARATION:

On behalf of the institute _____

I _____ Son/Daughter _____

_____do hereby declares that the particulars furnished above /sheets are correct to the best of my knowledge and belief and agree to cancel / reject my center in case of any wrong / false information furnished above details. I also further declare that I shall abide by the conditions, rules and regulative measures imposed by the DR BR AMBEDKAR TECHNICAL EDUCATION-BOARD FOR VOCATIONAL AND SKILL DEVELOPMENT from time to time for granting permission/affiliation to establish and run this institution. In future I shall never claim any refund / compensation / loyalty etc from DR.BR. AMBEDKAR TECHNICAL EDUCATION-BOARD FOR VOCATIONAL AND SKILL DEVELOPMENT as I read / got clarified all the information related to DR BR AMBEDKAR TECHNICAL EDUCATION - BOARD FOR VOCATIONAL AND SKILL DEVELOPMENT.

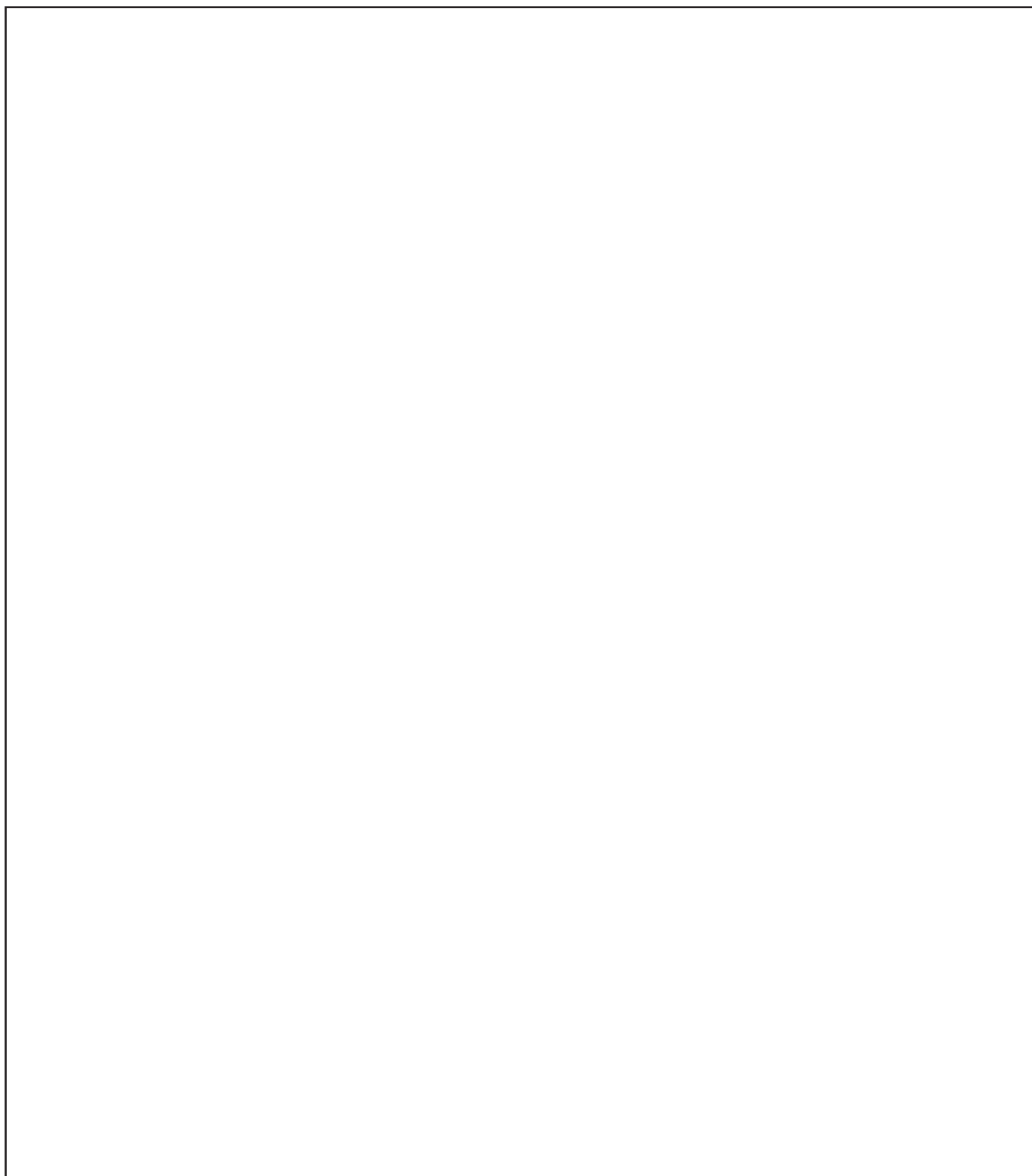
Date : _____

Place : _____

Signature

Head of the Institution/Authorized

CENTER / PREMISES FRONT PHOTOGRAPH (FIX)



Date : _____

Place : _____

Signature
Head of the Institution/Authorized