



জাতীয় যুব কারিগরী প্রশিক্ষণ কেন্দ্র

NATIONAL YOUTH TECHNICAL TRAINING INSTITUTE (NYTTI)

Powered by Institute of Technical Education & Carrier ITEC

An Autonomous Institute Regd. (No.00374), Under I.T Act 1882, Govt. of India

An ISO 9001:2015 Certified Institute

Corporate Office: 856/3, KANKPUL, ASHOKENAGAR, KALYANGARH, PIN - 743272, NORTH 24 PGS, W.B

Help line No. : +91-7872871955 / 7699990296; Email: itec.wb @gmail.com; Website: www.nytti.co.in

TRAINING CENTER AFFILIATION FORM

1. Details of the Applicant / Proposed Authorized Person :

1.1. Name of the Applicant / Proposed Authorized Person.

1.2. Complete Postal Address of the Applicant along with Pin Code, Phone Numbers and e-mail ID.

1.3. Academic Qualification & Technical Qualification (if any) of the Applicant (Enclose Documents)

Paste Recent
Photo of the
Applicant /
Proposed
Authorized
Person

2. Institutional Details :

2.1. Name / Proposed name of the Institution.

2.2. Postal Address, Pin Code, Phone Numbers and e-mail ID of the Institution.

2.3. Type of the Institution (Registered Society / Firm or Unregistered). If registered, please enclose the documents of registration of Society / Firm.

2.4. Activities of the Institution.



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2.5. Details of the Courses currently conducted by the Institution.

Name of the Course	Duration	Subjects	Fee

2.6. Course-wise current Students strength.

Course Name	Number of Students

3. Details of Building / Institutional Premises:

3.1. If the Institution is set up in rented / lease hold premises, copy of the agreement to be furnished.

3.2. State Number and Size of Class Rooms, Laboratories, Counseling Room and Toilets (with Dimensioned Layout).

Room	Numbers	Size
Class Room		
Laboratory		
Counseling Room		
Toilets		



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4. Details of Staffs:

4.1. Furnish List of Staffs appointed with Qualification and Experience.

Sl. No.	Name of the Staff	Category	Qualification	Experience

5. Equipments, Tools, Instruments, Machines

5.1. State the Major Machines, Equipments, etc. available.

Department	Equipments	Number	Remarks

DECLARATION

I declare that all the information given above is true to the best of my knowledge. If the organization finds any discrepancy on the same during verification the organization may reject my proposal and I shall not make any claim of the same in future.

Name of the Applicant / Authorized Person: _____

Date :

Place :

Witness:

Signature with stamp