

FORM 1 A

**INSTITUTE OF VOCATIONAL EDUCATION- IVE,
SKILL DEVELOPMENT ORGANIZATION,**

APPLICATION FOR NEW STUDY CENTRE (SETP)

Date:

Place:

To,

THE DIRECTOR
INSTITUTE OF VOCATIONAL EDUCATION- IVE,
SKILL DEVELOPMENT ORGANIZATION,
REGIONAL PROGRAM OFFICE,
MAYILADUTHURAI,
NAGAPPATTINAM DISTRICT

SUB: APPLICATION FOR NEW STUDY CENTRE (SETP), IVE AT.....

RESPECTED SIR/MADAM,

I S/o, W/o, D/o..... Head of the Institution - M/S.....,
am interested to be a SETP member of the Training Network of IVE at..... Dist. I am
Submitting my profile along with this letter.

I requested you to grant me a franchisee after going through necessary formalities.

Thanking You,

Yours faithfully,

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Head of the Institution

M/s

Address.....

NOTE: PLEASE ATTACH ADDRESS PROOF, I.D. PROOF, TWO PASS PHOTO SIZE

PHOTOS, RENTAL AGREEMENT, SOCIETY REGISTRATION IF ANY, DIMENSIONS OF

INSTITUTE WITH THIS APPLICATION.