

FORM 1 B

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

APPLICATION FOR NEW STUDY CENTRE (SETP) - MEMBERSHIP

Date:

Place:

To,

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

Sub: Study centre Membership of IVE to impart Schooling & Training Programs for year.....

Respected Sir,

We

M/S.....
.....are willing to conduct your education and training programs at our place for the year..... to
..... are furnishing the details of our center as per your Performa enclosed herewith. We will abide by the
rules and regulations laid down by our organization (IVE). Also we will invite you for inspection and verification of our
center. We pay the necessary charges for the inspection.

Thanking you

Yours Sincerely

(.....)

Head of the Institution

Details of the Applicant:

Designation :

Name of the Applicant :