

**FORM 2A**

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

**HEAD OF INSTITUTION (SETP) PERSONAL PROFILE:**

Date:

**Personal Profile: ( Head of the Institution)**

Name .....

S.o, W/o, D/o.....

Residential Address .....

..... PIN CODE.....

Telephone No..... Mobile No.....

**CENTRE PROFILE**

Name of the Centre.....

Address .....

..... PIN CODE.....

Telephone No..... Mobile No.....

Year of Establishment: .....

Courses Conducted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

I declare that the information given above is true to the best of my knowledge and I am willing to abide by the rules and regulations set by IVE.

Yours Truly,

( \_\_\_\_\_ )

Head of the Institution