

FORM 2 B

INSTITUTE OF VOCATIONAL EDUCATION- IVE,

SKILL DEVELOPMENT ORGANIZATION,

APPLICANT'S INSTITUTE(SETP) INFORMATION

Date:

Place:.....

I. INSTITUTE PROFILE

1. Name of the Center :

2. Address of the Center :

3. Phone (O) :

4. Registration No. (if any) :

5. Name of the Director :.

6. Address :

7. Qualification (s) :

8. Contact Person :

Phone No:

II. INSTITUTE DETAILS

1. Date of Commencement :

2. Course to which applied for :

1.

2.

3.

4.

5.

6.

3. No. of Students passed since commencement:

Station:

Date:

(Signature of the Centre Manager)

INFORMATION DETAILS FOR ACCORDIATION

1. Name of the Study Center

2. Registered Address (Given Full Address with Telephone & E-mail Address)

.....
..... City
P.O. Dist. Pin.....
Office Phone No. Mobile
Email ID

3. Head of Institution (owned by)

4. Infra Structure Facilities based on the Programs.

- No. of G^lss Room-Theoretical (specify the area in sq.ft.)
- Number of Laboratories available (specify the area in sq.ft.)
- Area of Administrative Office in sq.ft
- Details of Computers (enclosed configuration with purchase bill)
- Details of Licensed Software (enclosed details with purchase bill)
- Library (specify the area in sq.ft. and enclosed List of books & journals)
- Details of Administrative Staff with qualification & Experience

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S.No	Name of the Faculty	Academic Qualification	Teaching Experience	Position Held

(Enclosed faculty CV with photocopy of Qualification & Experience Certificate)

(Signature of the Centre Manager)

For Official Use Only

1. Status: Accepted / Rejected

2. Centre No:

3. Grading Allotted:

4. Courses Allotted:

(1) (2) (3) (4)
..... (5) (6)

Date of Commencement : _____ 201_

Station:

Date:

(Signature of the IVE Director)