



TAMILNADU STATE COUNCIL OF VOCATIONAL TRAINING

1

AN AUTONOMOUS COUNCIL REGISTERED UNDER GOVT. OF TAMILNADU

Council Registered Under Govt of Tamilnadu

An ISO 9001:2015 Certified Council

E-Mail: tncsvt.govt@gmail.com, Website: www.tncsvt.org, Ph: 044-2482 7900

Affiliation Form

Coordinator Details:

1. Name
2. Designation
3. Sex Male Female
4. Qualification
5. Communication Details:
 - a) Phone No
 - b) Mobile No
 - c) E-Mail
6. Photo ID Proof : Driving License Voter ID Pan Card

Affix Recent
Passport Size Photo
of the Coordinator

Institution's Details:

1. Name of Trust/Society
2. Name of Institution
3. Year of Establishment
4. Type of Institution Trust Society
5. Postal Address
- District State
- Pin Code
7. Communication Details.
 - a) Phone No
 - b) Mobile No
 - c) E-Mail
8. Premises Owned Rented
9. Total area (in sqft)
10. Internet Type Leased Line Broadband Dial-up
Available Resources Generator LCD Player Photo copier

11. Staff Detail

Enclose separate list of all staff member in following format

S.No	Name	Qualificat	Gender	Experienc	Specialisation	Full / Part Time

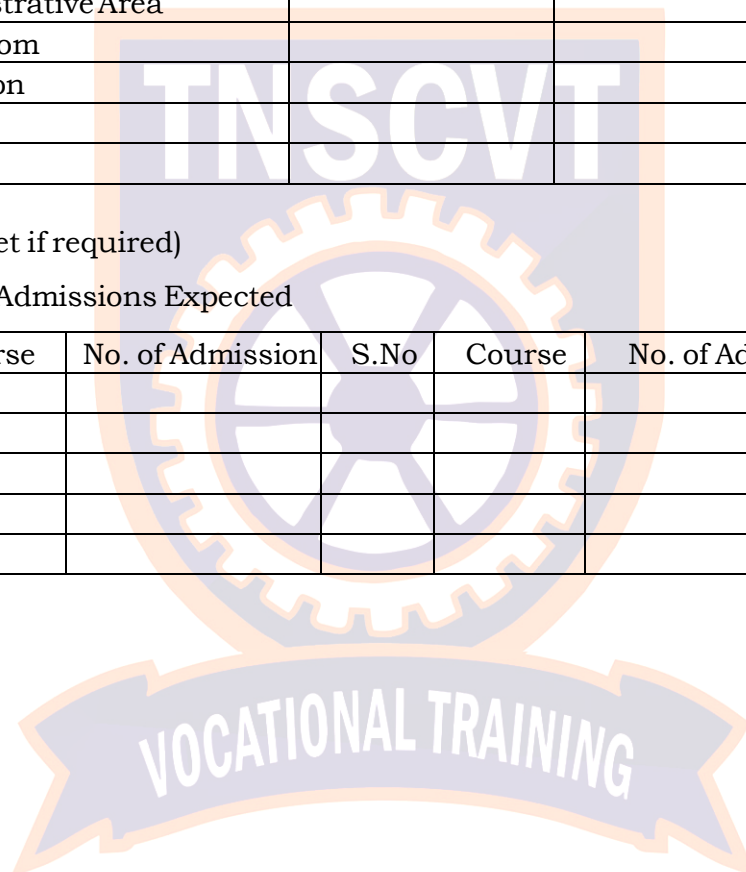
12. Infrastructure Details

S.No	Particular	Units	Area (in Sq.ft)
1	Class Rooms		
2	Library (Total Books_____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

13. Number of Admissions Expected

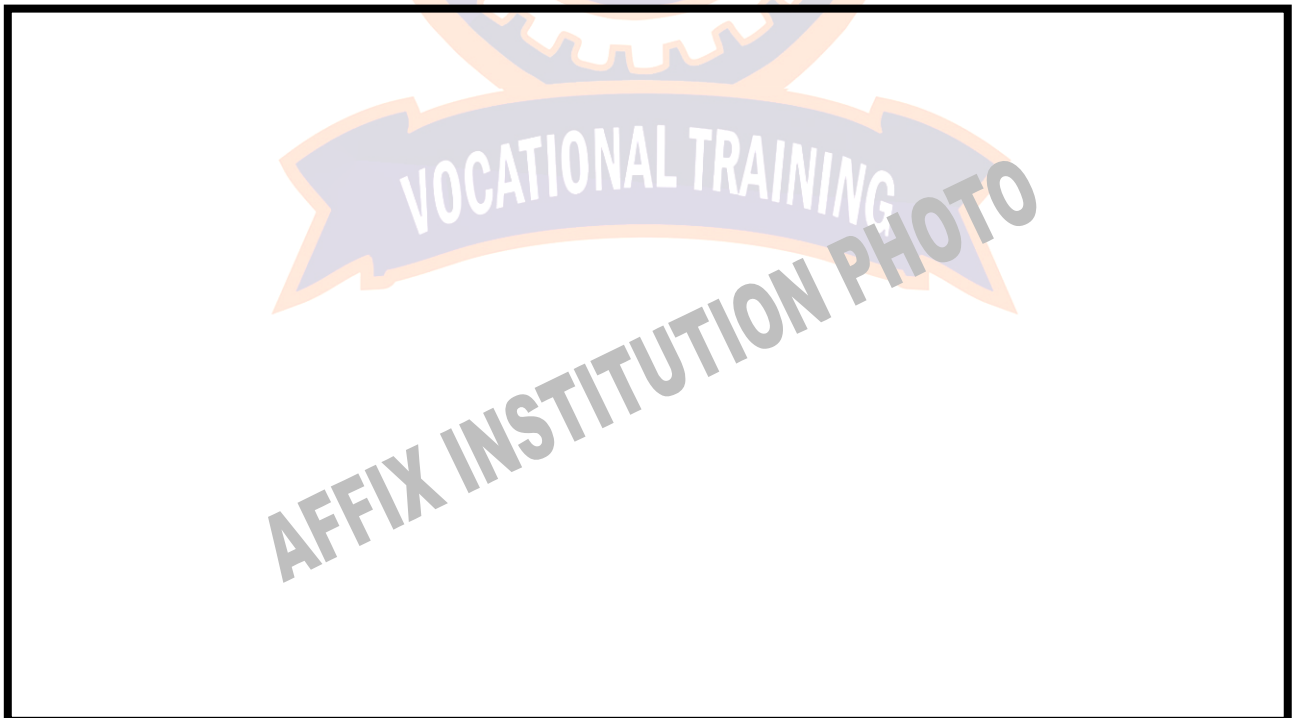
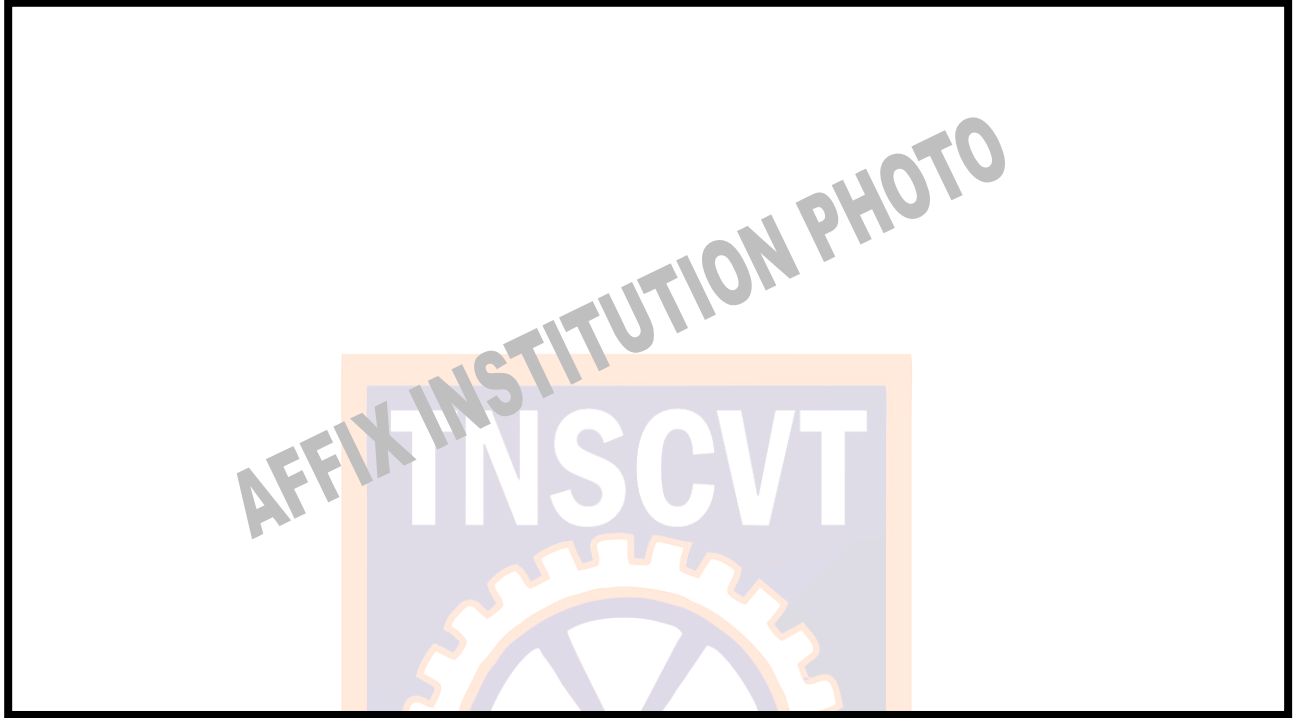
S.No	Course	No. of Admission	S.No	Course	No. of Admission



14. Photos to be Pasted:

SPACE FOR AFFIXING

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'



Declaration

I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of TNSCVT given time to time. I am ready to work under the control of the Managing Director, TNSCVT. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

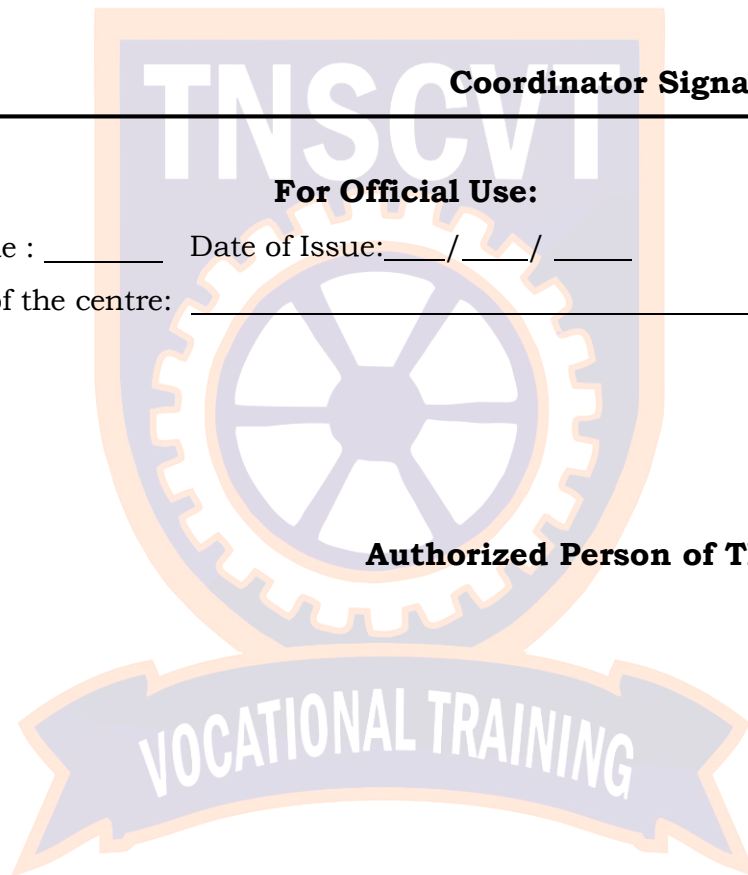
Coordinator Signature with Seal

For Official Use:

Allotted Centre Code : _____ Date of Issue: ____/____/____

Approved courses of the centre: _____

Authorized Person of TNSCVT – VTC



Affiliation Criteria

Any Educational Institution working for the development of Open and Distance Education can become a Study Centre of Tamilnadu State Council of Vocational Training (TNSCVT).

1. Copy of Registered Society/Trust/Council with registration number and date.
2. Rental Agreement or Land registration copy to show ownership of Land
3. Resolution copy of trust proposed and accepted by trust/society members in letter head.
4. Self-Declaration by the Coordinator in Rs.100/- non-judicial stamp paper.
5. Educational Qualification of President/ Chairman/ Trustee/Proprietor of Society/Trust.
6. Copy of Driving License/ Voter ID / Passport/ Aadhar Card of the President/ Chairman/ Trustee/Proprietor.
7. PAN Card of the Coordinator
8. PAN Card of the Trust.
9. List of Teaching and Non-Teaching staff members.
10. Bio-data of all teaching Staff members.
11. Profile of the Institution in Letter head.
12. Layout of the Institution
13. Route Map of the Institution
14. Infrastructure facilities available for smooth conducting of courses-Details
15. Minimum of six photos showing location, outer view and inner view of the institution.
16. Three Passport Size photos of the coordinator
17. Demand Draft favouring "Tamilnadu Council for Open and Distance Learning Trust" Payable at Chennai, Tamilnadu