



# RPKVS "सब पढ़े-सब बढ़े"

## RASHTRIYA PRAUDYOGIKI KAUSHAL VIKAS SANSTHAN

### राष्ट्रीय प्रौद्योगिकी कौशल विकास संस्थान

Affiliation Form / Franchisee Proposal

Apply For:

Authorized Training Center

District Coordinator

Referral TC/DC Code: -----

Referral TC/DC Name: -----

1. Name of the Applicant / Applicants: -----

2. a.) Whether you are currently running an Institute: Yes  No

b.) if yes, then Name of Institute/Center/Organization: -----

3.) Year of Establishment: -----

4.) Type of Organization/Institute: - Trust  Society  Partnership  Proprietorship  Pvt. Ltd.

5.) Postal Address: -----

Teh: ----- District: ----- State: -----

PIN: ----- E-mail ID: -----

Website: ----- Phone No: -----

6.) **INFRASTRUCTURAL FACILITIES:-**

- Total Carpet Area of Center/Institute (Sq.Ft): -----
- Reception YES  NO  Size-----
- Principal Room YES  NO  Size-----
- Staff Room YES  NO  Size-----
- Class Room YES  NO  Size-----
- Seating Capacity YES  NO  Size-----
- Teaching Staff YES  NO  Total-----
- Internet Connectivity YES  NO  Speed-----
- Computer System YES  NO  Total-----
- Toilet YES  NO  Size-----

7.) Building: - Rental  Own  Leased

Name & Designation (with stamp)

Director of RPKVS  
Signature & Seal Date

Name & Designation (with stamp)

Head / Principal (Training Center)  
Signature & Seal Date



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**INFORMATION ABOUT THE DIRECTOR / HEAD OF INSTITUTION**

- **Name of Applicant:** -----
- **Father's Name:** -----
- **Qualification:** -----
- **Date of Birth:** -----/-----/-----
- **Gender:-** Male  Female
- **Designation / Position held in Institute / Center :** -----
- **Photo ID Proof: -** Passport  Voter ID  PAN Card
- **Aadhar No:** -----
- **Permanent Address:** -----

Signature

**Tehsil:** ----- **District:** ----- **State:** -----

**PIN:** ----- **E-Mail ID:** -----

**Phone No:** -----

**Documents Required**

**Kindly Attached the Following Documents along with the application form: -**

1. Copy of Address Proof (Telephone Bill/ Ele. Bill/ Licence of the Municipal Corp.) Of the Institute.
2. Copy of Identity Proof (PAN Card/ Voter Card/ Passport/ Aadhar Card).
3. Copy of Academic Qualifications.
4. One Passport Size Collared photograph of Owner/ Proprietor/ Partners.
5. If Building on Rent/ Lease then Latest Rent/ Lease Agreement.
6. Clearly Shown Photographs of the Institute.

Name & Designation (with stamp)  
Director of RPKVS  
Signature & Seal Date

Name & Designation (with stamp)  
Head / Principal (Training Center)  
Signature & Seal Date



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**UNDERTAKING**

1. -----  
(Name & Designation)  
Partner / Proprietor / Owner of -----  
-----  
(Name & Address of the Institute)  
Understood the RULES & REGULATION as of now & amended in future applicable to the Institute conducting **RPKVS** Or its collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.
2. I Certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above information's and to undertake the above stated commitment on behalf of my / our institution.
3. I am aware that in case my information given by me is false or misleading, **RPKVSA** may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the institute would be debarred from the Affiliation.
4. I agree to abide by the rules & regulations and the decision taken by the management of **RASHTRIYA PRAUDYOGIKI KAUSHAL VIKAS SANSTHAN** from time to time.
5. I further understand that, I have to register each and every Trainees/ Students studying at my/our Center at RPKVS Head Office by paying the prescribed fees, failing which RPKVS will have all the rights to take action.
6. In case of any dispute arising between **RPKVS** & its Franchisee the Jurisdiction for all Legal Purpose will be Rohini, Delhi, India Only.

Send All Filled and Signed Documents to: -



D-14/ 194, 1<sup>ST</sup> Floor, Opp. Metro Pillar 414  
Rohini Sector-7, PIN-110085, New Delhi  
Ph. No- 85952-85275, 97735-10474

Signature & Seal