

**SWAMI VIVEKANAND YUVA KAUSHAL SETU (SVYKS)****Form 1.1 - Affiliation form for TTC under Training Agency****A. TTC Registration Details**

1 Proposed TTC Name : \_\_\_\_\_

2 Registered TA Name : \_\_\_\_\_

3 TA Reg. No. : \_\_\_\_\_

4 Type of RPL

 RPL Centre Employer Premises RPL Camp

5 TTC Address : \_\_\_\_\_

City : \_\_\_\_\_ District : \_\_\_\_\_ Pin Code : \_\_\_\_\_

6 Applied for Sector & Modules (Furnish this detail in **table 1** given with this form)

7 Total Area of Centre (in sqft.) : \_\_\_\_\_

8 Details of TTC Head (Attach authority letter from head of organization/TA head)

9 Head of TTC : \_\_\_\_\_

10 Contact No. 1. \_\_\_\_\_ 2. \_\_\_\_\_

11 Whatsapp No. : \_\_\_\_\_

12 Email Id : \_\_\_\_\_

13 Tick all which are available -

 Number of Theory Classroom

(Attach photographs for each classroom)

 Number of Labs

(Attach photographs for each lab)

 Availability of Trainers (Yes/No)(Refer **Table 2**, given with this form) Washroom for Men & Women (Yes/No)

(Attach photographs)

 Office Setup (Yes/No)

(Attach photographs)

 Course Material / Library (Yes/No)

(Attach photographs)

 First Aid (Yes/No)

(Attach photographs)

 Projector (Yes/No)

(Attach photographs)

 Tools & Equipment (Yes/No)

(Attach photographs)

 Parking(Yes/No)

(Attach photographs)

 Fire Extinguisher (Yes/No)

(Attach photographs)

 Internet (Yes/No)

(Attach Latest Bill)

 Electricity (Yes/No)

(Attach Latest Bill)

 Others \_\_\_\_\_14 Whether  Rented  Own (Attach rent agreement/ownership document))

Note : 1. Use Copies of this form to Apply for Multiple Centers.

2. Attach proof for declared information (wherever is required).

3. Attach List of tools &amp; equipment (course wise).

4. If applying for RPL Employer Premises than attach concern letter from employer for conducting RPL at their premises.

5. Attach at least 2 Photographs of center's front elevation with flex/Sign Board of TTC.

**B. Inspection fee Details**

- 1  DD  NEFT  RTGS  IMPS
- 2 DD No./NEFT/RTGS/IMPS Transaction No. : \_\_\_\_\_
- 3 Date of Payment : \_\_\_\_\_
- 4 Issuing Bank : \_\_\_\_\_
- 5 Amount : \_\_\_\_\_

(Attach Proof for above mentioned payment details with appropriate transaction proof)

Declaration: I solemnly declare that above mentioned all information are true to my knowledge and belief

Date :

Name & Signature of Head of the  
Organization with Seal & date

**Table 1 : Applied for Sector & Modules (Furnish following list)**

(Note : Applicant may attach copies of this list if required)

S.No.	Sector	Module	Name of Course/Module

Declaration: I solemnly declare that above mentioned all information are true to my knowledge

Date :

Name & Signature of Head of the  
Organization with Seal & date

**Table 2 : List of Trainers**

(Note : Need to be submitted after Inspection of TTC)

SN	Name	Qualification	Experience	Sector

Declaration: I solemnly declare that above mentioned all information are true to my knowledge

Date :

Name & Signature of Head of the  
Organization with Seal & date