

SWAMI VIVEKANAND YUVA KAUSHAL SETU (SVYKS)**Form 3 - Affiliation form for Assessment Agency (AA)****A. General Profile**

- 1 Proposed Name of Assessment Agency (AA) : _____
- 2 Type of Parent Organization /Assessment Agency (Tick which is applicable)
 - Govt. Private
 - Other (specify) _____
- 3 Name of **Parent Organization (PO)** : _____
- 4 Registration No. of PO : _____
- 5 Registering Authority of PO : _____
- 6 Registration Date of PO : _____
- 7 Full Address of Parent Organization : _____

City : _____ District : _____ Pin Code : _____

- 8 Contact No. 1. _____ 2. _____
- 9 Email Id : _____
- 10 Web site : _____

(Attach Proof of Registration of Parent Organization & all declared information)

B. Contact Person

- 1 Head of Organization : _____
- 2 Contact No. 1. _____ 2. _____
- 3 Whatsapp No. : _____
- 4 Email Id : _____
- 5 Name of AA Head : _____
- 6 Whatsapp No. : _____
- 7 Email Id : _____

(Attach a self signed letter on letter head from Head of the Organization as proof)

C. Financial Profile

- 1 PAN No. (If yes mention no.) : _____
- 2 GSTN (If yes mention no.) : _____
- 3 80G (If yes mention no.) : _____
- 4 TAN No. (If yes mention no.) : _____
- 5 12A (If yes mention no.) : _____
- 6 Other (Please specify) : _____
- 7 Combined Turnover of Financial year 2016-17, 2017-18 (In Rupees) : _____
- 8 Whether file ITR Yes No

(Attach Proof for all declared information, PAN, TAN, GSTN, Audit Reports, Copy of ITR etc.)

D. AA Registration Details

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

2 Tick all which are available -

Office Setup (Attach Photograph)

Availability of Question Bank (Attach Sample Papers)

Number of Assessors (Furnish **Table 2**, given with this form)

Others _____

3 Experience as Assessment Agency (in year) : _____

4 Name of Assessment Agency (existing) : _____

5 Experience Detail -

SN	Name of Scheme	Affiliated Sector with codes	Affiliated State	Year of Affiliation	Total no. of assessed candidates
1					
2					
3					

Note : 1. Attach proof for declared information (wherever is required).

E. Application and affiliation 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

Date :

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

Table 2 : List of Assessors

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