

### Application Form for Accreditation from Quality Council of India

*(Note : All the Details in the Application need to be filled based on availability of data on date of Application)*

#### I. General Information

Application as (Please tick the appropriate Category) :

A. New Industrial Training Institute :

B. Existing Industrial Training Institute

-Opening New Trade

-Adding more Units in existing Trade

C. State : \_\_\_\_\_

Name of the Institute \_\_\_\_\_

Postal Address \_\_\_\_\_  
 (Indicate Taluka, \_\_\_\_\_  
 District Detail along \_\_\_\_\_  
 with Pin Code) \_\_\_\_\_

Pin Code \_\_\_\_\_

Tel. No. (with STD Code) \_\_\_\_\_ Fax No. (With STD Code) \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Last Updated on \_\_\_\_\_

Principal Name \_\_\_\_\_

Mobile No. \_\_\_\_\_

Rural  Urban  Women  Minority   
Government  Private  J&K  North East

Is the Institute owned by Trust/ Society \_\_\_\_\_

Trust/ Society registered Yes/ No

Year of Registration \_\_\_\_\_ Registration No. \_\_\_\_\_

Period up to Which registration of Trust/ Society is valid \_\_\_\_\_

Is the Institute running Center of Excellence scheme Yes/ No  
**(Only in case of Government Institute)**

D. Name of the organization \_\_\_\_\_  
(seeking affiliation)

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Tel. No. ( with STD) \_\_\_\_\_ Fax No. (With STD) \_\_\_\_\_

Authorized Person \_\_\_\_\_

Mobile No. \_\_\_\_\_

E Date of Establishment of the Institute \_\_\_\_\_

**In case of Existing ITI:** DGET File Reference No. \_\_\_\_\_

F. Details of Any other NCVT affiliated ITI's which are running under the same organization

Name of ITI	Address	DGET File Ref. No.	Trade Name	Number of Units	Number of Students

G. Is there a change of Premises Yes  No

Reason for change of Premises \_\_\_\_\_

\_\_\_\_\_

Is there shifting of Trade within the same ITI Yes  No

Name of Trade Being Surrendered 1. \_\_\_\_\_ Units \_\_\_\_\_

2. \_\_\_\_\_ Units \_\_\_\_\_

Name of the Trade being Opened 1. \_\_\_\_\_ Units \_\_\_\_\_

2. \_\_\_\_\_ Units \_\_\_\_\_

Reason for Shifting of Trade \_\_\_\_\_

II. (a) Trades and units for which affiliation is sought now:

**No Admission is allowed in any NCVT Trade before affiliation is granted by NCVT Sub Committee**

Sl No	Trade/Units for which affiliation Sought				Total Units = (3+4+5)	Session (Month & Year) from which affiliation sought
	Trades	Units				
		1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift		
1	2	3	4	5	6	7

II (b) Modules and units under COE Scheme for which affiliation is sought now:

Sl No	Modules/Units for which affiliation Sought				Total Units = (3+4+5)	Session (Month & Year) from which affiliation sought
	Modules	Units				
		1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift		
1	2	3	4	5	6	7

**III (a). 1. Manpower**

S no.	Designation	Name	Fathers Name	Date of Joining Institute	Date of Birth	Photograph (U – Upload)	Voter ID Card NO./Valid I Card (U – Upload)
1.	Principal/ Head of Institute						
2.	Vice-Principal /Supdt.						
3.	Training Officer/ Group Instructor						
4	Instructor-Theory						
5	Instructor - Practical						
6	Engineering Drawing Instructor						
7	Workshop Calculation and Science Instructor(Mathematics Instructor)						
8	IT Lab Instructor						
9	Employability Skill Instructor (Applicable where the seating capacity is more than 1000 trainees in the Institute)						

**III (a) 2. Administrative & Supporting Staff**

S no.	Designation	Name	Fathers Name	Date of Joining Institute	Date of Birth	Photograph (U – Upload)	Voter ID Card NO./Valid I Card (U – Upload)
1	Accountant						
2	Clerk						

Name	Secondary School/ Matric Year of Passing Certificate No.		Technical Qualifications {Degree/ Diploma, ITI,CTI} Branch year of Passing Certificate No. Of enclosed certificate								Experience Details (Name of Establishment & Year of experience) <b>(U-upload)</b>			Salary	Salary A/c Details Bank Name, Branch & A/c No. for the Staff Working since last two years		
	Year of Passing	Certificate Number <b>(U-upload copy of cert.)</b>	ITI		CTI		Diploma		Degree		1	2	3		Bank Name	A/C No.	Branch
			Year of Passing	Certificate Number <b>(U-upload copy of cert.)</b>	Year of Passi ng	Certificate Number <b>(U-upload copy of cert.)</b>	Year of Passi ng	Certifica te Number <b>(U- upload copy of cert.)</b>	Year of Passi ng	Certificat e Number <b>(U- upload copy of cert.)</b>	Name	Post Held	Years of Experie nce				

#### IV (a) INFRASTRUCTURE

a. **Details of Land & Building at the Institute:** (Note: All Dimensions on the Drawings to be prepared by registered Architect should be in MKS system.)- For details please refer Annexure G1

1.	Total land area available for the institute as indicated in registration paper/relevant documents.	
2.	Whether own or rented building (enclose proof of ownership/ lease deed/rent agreement <b>(Upload)</b> )	
3.	Date of occupation	
4.	Duration of Lease/ rent agreement	
5.	Date of expiry of lease/ rent agreement:	
6.	Site plan and lay-out of the entire institute <b>(Upload)</b>	
7.	Name of Architect	
8.	Registration Number of Architect <b>(Upload copy of building layout duly signed by Architect)</b>	

**Note :** - Layout of Institute should clearly indicate the workshop for all trade/units/modules, class rooms, I.T. Lab, Principal Room, Drawing Room (if required) etc. with its dimensions in MKS System.

**IV (b). Area available in the Workshops (For details please refer Annexure G2):**

Name of the Trade/Module	Maximum no. of units in one shift only	WORKSHOP	
		Required as per NCVT norms (Sq. M)	Actually available (Sq M)

**(Note : Upload front view of Institute, Classroom photographs, Workshop Photographs)**

- **Number of Floors in the Institute** .....
- **Workshop Roof ( Please tick the appropriate category)** **Pitched Roof/ Flat RCC Roof**
- **No. of Washrooms in Institute**

**IV (c) POWER SUPPLY (For Details please refer Annex G 3)**

1	Electrical Connection issued in the name of		<p>(i) <b>For existing institute:</b> electricity bill indicating connected load is required to be produced (details of existing trades, units should also form part of the inspection report to assess the required electrical load. <b>(Upload Electricity Bill Indicating connected load)</b></p> <p>(ii) <b>For new institutes:</b> Installation report/ Meter sealing report indicating sanctioned load or if meter sealing report does not have sanctioned load, copy of the sanctioned load , proof of payment of dues for the same along with meter sealing report should be produced/submitted. <b>(Upload relevant documents)</b></p> <p>(iii)Where the institute is in the rented/leased building, the electric connection should be in the name of the owner of the institute/management and the mutual agreement between landlord and the institute/Management/Society as the case may be, should be produced along with the current bill <b>(Upload)</b></p> <p>(iv)Declaration by the owner of the institute that the sanctioned load is for ITI only / shared with any other Institute.<b>(Upload)</b></p>
2	Electrical Connection issuing authority		
3	Date of connection		
4	Whether three phase connection		
5	K. No. of the connection		
6	Meter Seal No.		
7	Trade (Existing)	Maximum no. of units in one shift	Power supply required as per norms in kW
	Trade (New)		
Total electrical Load			
Power supply available in the Institute in KW			



**IV. (d) TOOL, EQUIPMENTS & MACHINERIES**

*(Note: Only new Tools, Equipment and Machinery to be purchased for new trade/ expansion of trade/module wise/sector wise in case of COE Scheme are required to be given in the following format in the standard tool list available in the syllabus of each trade/module(COE . and as available on the DGET website-<http://dget.nic.in/welcome/cts/tradeslist.htm> and [www.dget.nic.in / http://dget.nic.in/coe/welcome.html](http://www.dget.nic.in/))*

Sl. No.	Name of the Tools, Equipment & Machinery as per syllabus	Number of Tools, Equipments & Machinery required for Instructor & Trainees for one unit as per NCVT norms syllabus	Total Number of Tools and equipment required for the total units already affiliated	Total Number of Tools and equipment required for the total units for which affiliation is sought	Total number actually available for all the units	Cost of the Tool, Equipments & Machinery with Bill No. and Supplier Details
1	2	3	4	5	6	7

**IV (e) Tool, Equipments and Machineries (General Machineries costing above Rs. 10,000) (Please submit the information trade wise/module wise.)**

Sl. No.	Name of the Tools, Equipment & Machinery as per syllabus	Make	Year of Manufacturing	Purchased from i.e. Supplier Address Along with Tel. No	Bill No. ( Copy of Bill to be Uploaded)	Bill Date	Vat No.	Tin No,	Identification Number Punched (Yes/ No)	Photograph with Principal ( Upload)

**Additional Information Required from Existing Affiliated Institute**

**I. Whether previously granted affiliation in any trade/module:-**

If so, particulars to be given as under:

S.No.	Trade/Module	Trade/Module/Units						Total Units 9 = (3+5+7)	Total Number of Trainees on Roll 10 = (4+6+8)	Month & Year of Start of Session	DGE&T reference under which affiliation granted with date (State/UT/Directorate's ref/No. Not be quoted)	Remarks
		Units										
		1 <sup>st</sup> Shift	Number of Trainees on Roll	2 <sup>nd</sup> Shift	Number of Trainees on Roll	3 <sup>rd</sup> Shift	Number of Trainees on Roll					
1	2	3	4	5	6	7	8	9	10	11		

**II STANDARD OF TRAINING**

**a. ADMISSION (only for the trade (s) already affiliated to NCVT)**

***(No admission is allowed in any NCVT trade before affiliation is granted by NCVT Sub-Committee)***

**b. Whether Placement Cell is available**

 Yes

 No

Name of In-charge of Placement Cell

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Contact Number ( With STD Code)

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Mobile Number

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Email id

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**III Upload the copy of Quality System Manual**

**Declaration**

We have carefully read and understood all NABET Criteria for accreditation of Government and Private Industrial Training Institutes seeking NCVT Affiliation. The conformity with requirements of the accreditation criteria i.e. eligibility of staff, infrastructure, machine/s, tool/s, and equipment/s etc has been verified by us at our end. We confirm that the information provided in support of this application is correct to the best of our knowledge and belief.

We authorize NABET to make any enquiry as deemed fit as part of the reviewing process. We understand that in case any information is found to be incorrect, it may result in rejection of this application and/or disqualification. We authorize NABET to utilize the information provided in this application for legal, research, training, sharing with DGE&T and peer international members and/or for any other purpose as may be deemed fit by NABET.

If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may affect the consideration for accreditation of the Institute.

Signatures	_____
Name (Authorized Signatory)	_____
Designation	_____
Institute Name	_____
Date	_____