

Service Partner Form

A. Service Partner Details

| | | | |
|--|--|----------------|--|
| Name of Director: | | | |
| Name of District: | | Name of state: | |
| Address: (full address of proposed site) | | | |
| Pin Code: | | Mobile No: | |
| Official Contact Details: | | Res. Contact: | |
| Email ID: | | Aadhaar No: | |

B. Centre Manager Details

| | | | |
|--|--|----------------|--|
| Name of Center Manager: | | | |
| Name of district: | | Name of state: | |
| Address: (full address of proposed site) | | | |
| Pin Code: | | Mobile No : | |
| Official Contact Details: | | Res. Contact : | |
| Email ID: | | Aadhaar No : | |

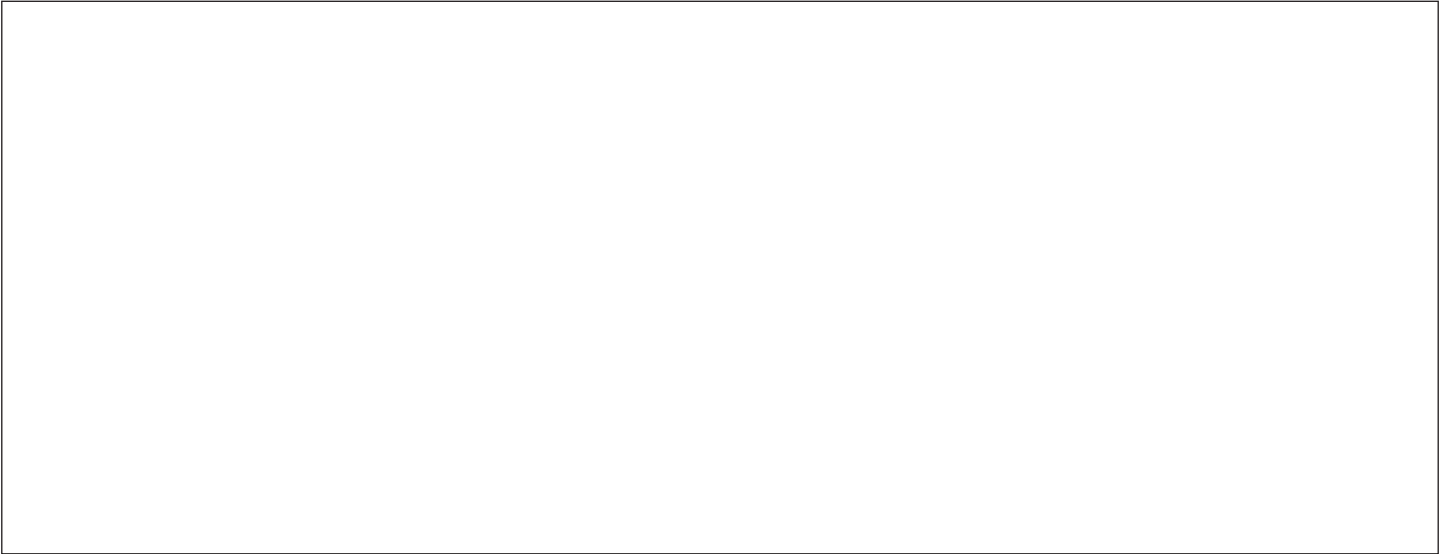
C. Infrastructural details

| | | |
|---|--|--|
| If multi-storied building, the floors being proposed for training | | |
| Total built-up area (in Sq Ft) | | |
| Total compound area (in Sq Ft) | | |
| Type of Ownership | | |
| If Leased/Rented, Lease or rent tenure left | | |

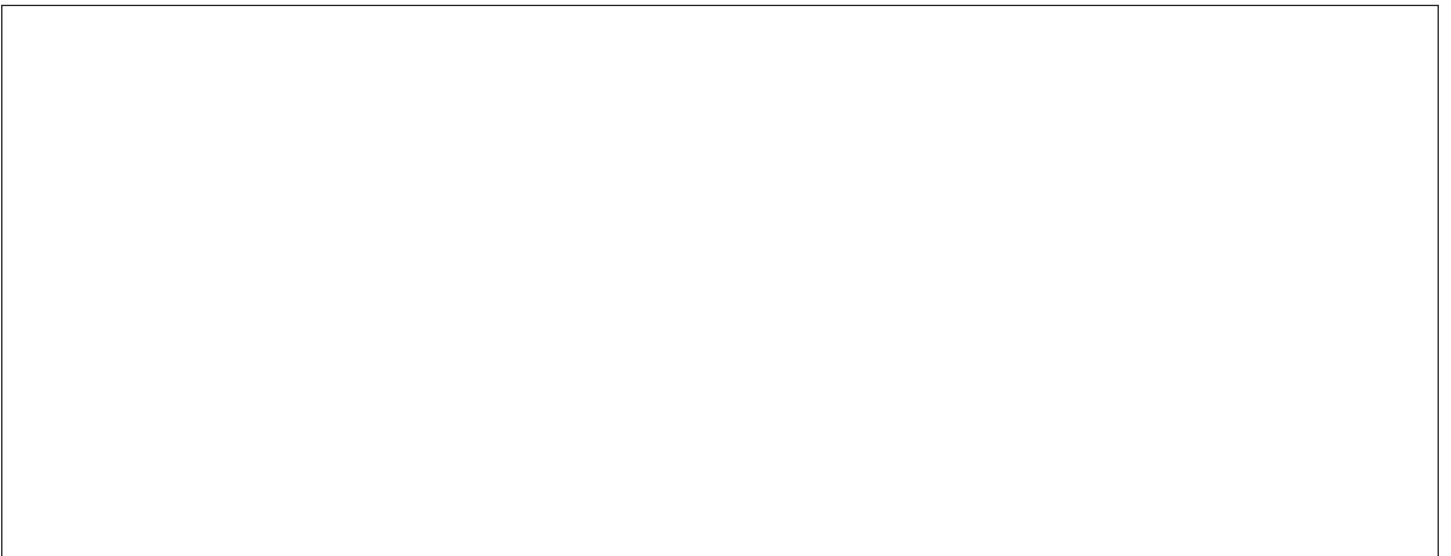
Photograph of the proposed Skill Center

1. Approach Road

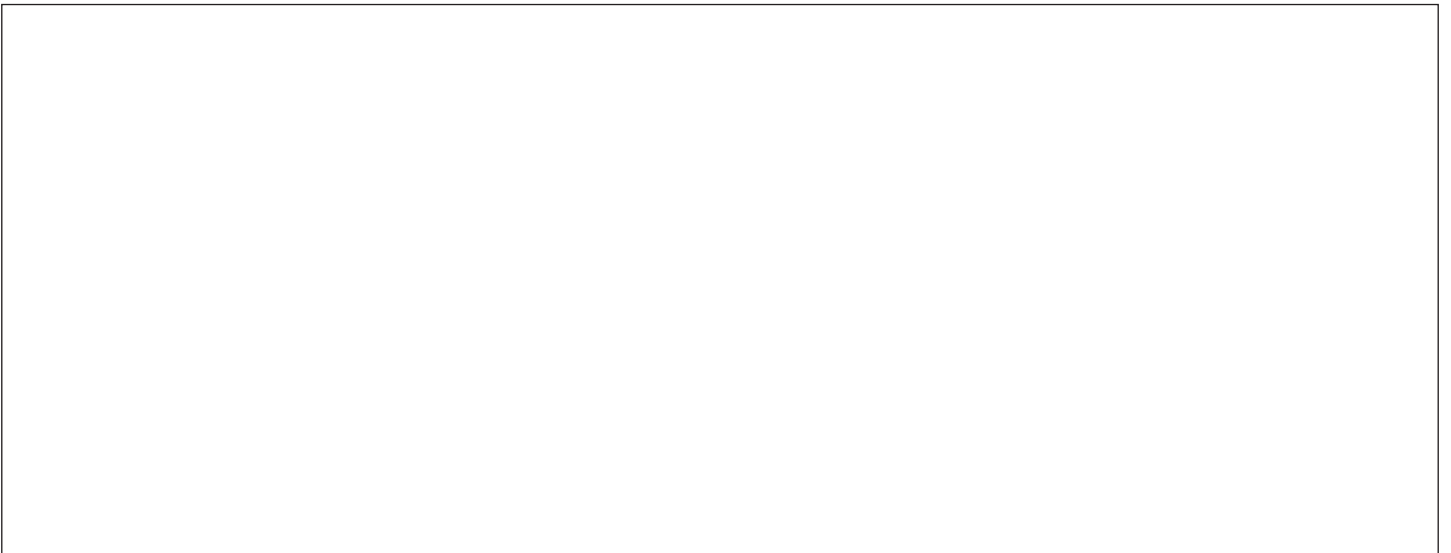
2. Front View



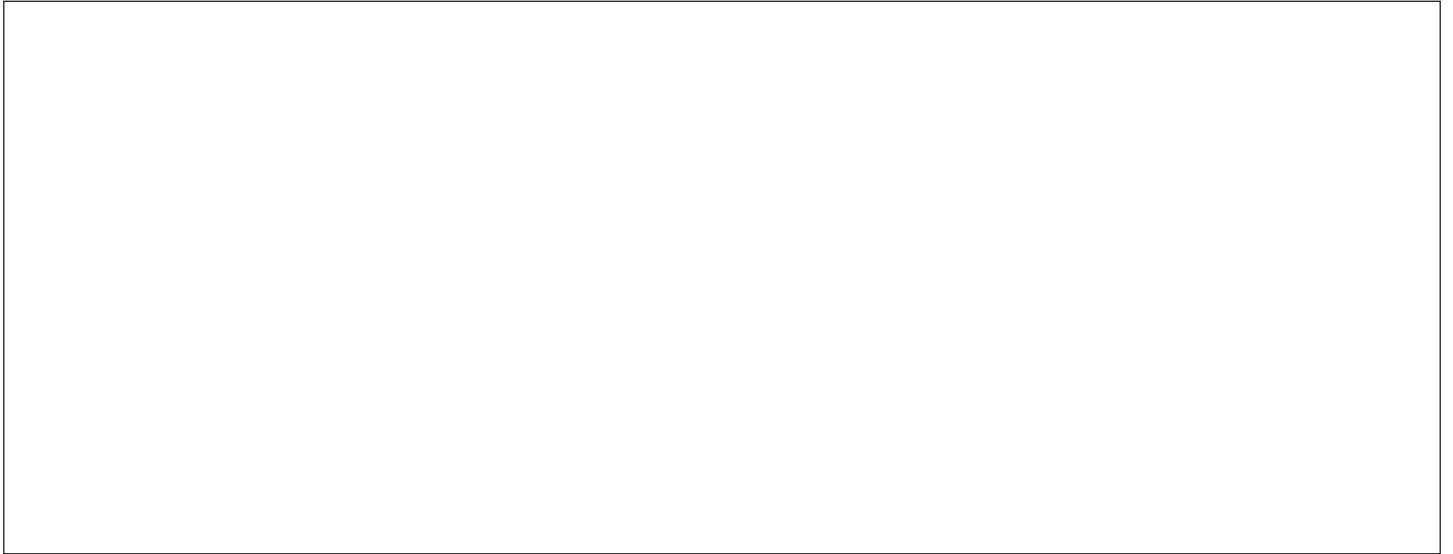
3. Back View



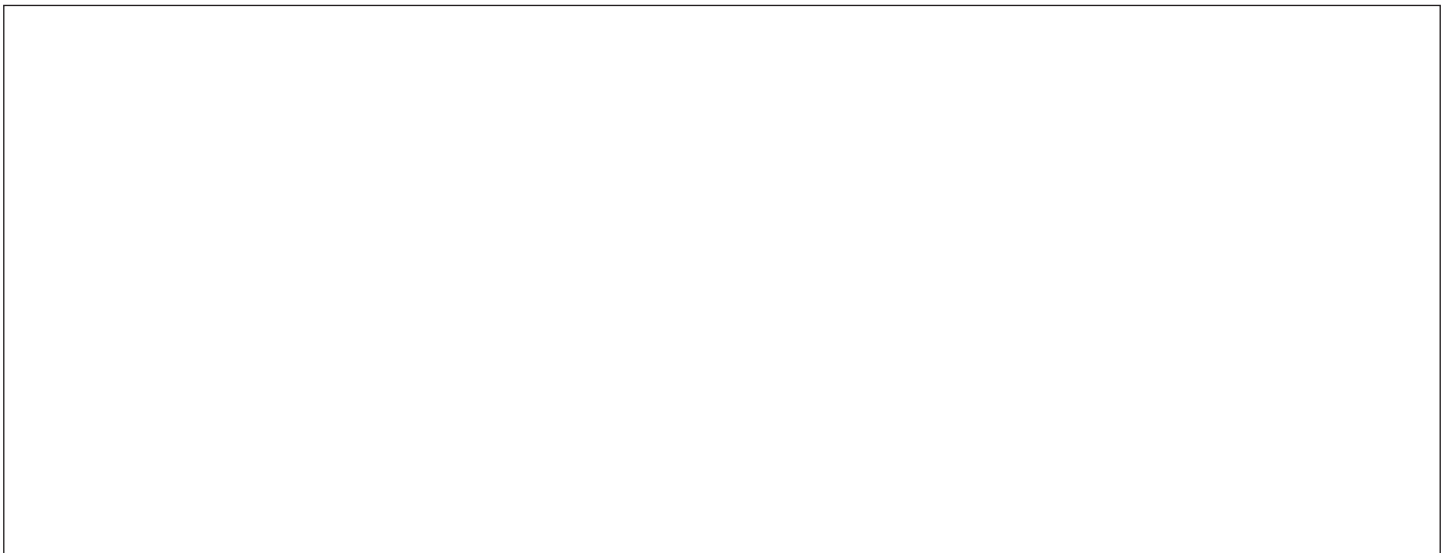
4. Reception Area



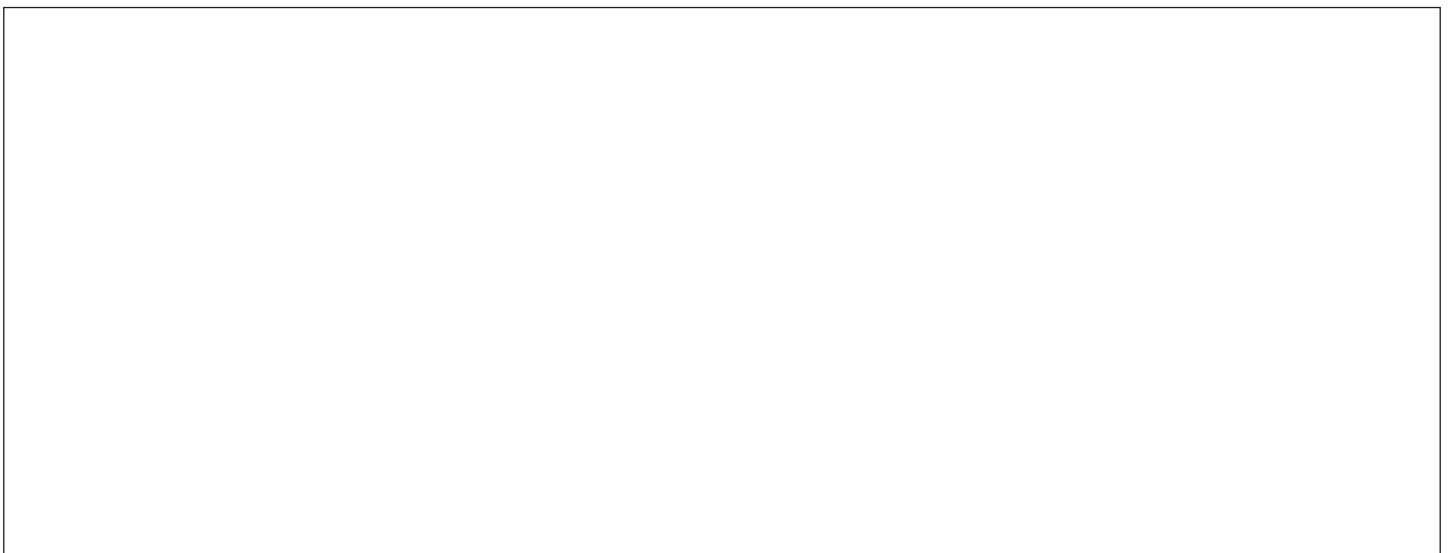
5. Domain Lab



6. Classroom



7. Washrooms



8. IT Lab

DECLARATION

This is certify that all the above information furnished regarding the institution / Collage is correct and authentic to the best of my Knowlwdge

Date (Signature, Head of the Institution)

Place Name with Rubber Stamp