

## FORM 2A

**NATIONAL SKILL DEVELOPMENT ORGANISATION- NSDO  
INSTITUTE OF VOCATIONAL EDUCATION - IVE  
TAMIL NADU REGION, SOUTH INDIA**

### **HEAD OF INSTITUTION (SETP) PERSONAL PROFILE**

**Date:** \_\_\_\_\_

**Personal Profile: (Head of the Institution)**

**Name :** \_\_\_\_\_

**S/o, W/o, D/o, C/o:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_ **PIN** \_\_\_\_\_

**Telephone No** \_\_\_\_\_ **Mobile No** \_\_\_\_\_

### **CENTRE PROFILE**

**Name of the Centre** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **PIN** \_\_\_\_\_

**Telephone No** \_\_\_\_\_ **Mobile No** \_\_\_\_\_

**Year of Establishment:** \_\_\_\_\_

**Courses Conducted:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

**I declare that the information given above is true to the best of my knowledge and I am willing to  
Abide by the rules and regulations set by NSDO- IVE.**

**Yours Truly,**

( \_\_\_\_\_ )

**Head of the Institution**