

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