

FORM 2 B

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

SETP KYC

Date: _____

Place: _____

I. INSTITUTE PROFILE

1. Name of the Center :

2. Address of the Center :

3. Phone (0) :

4. Registration No. (If any):

5. Name of the Director :

6. Address :

7. Qualification (s) :

8. Contact Person :

9. Phone No :

II. INSTITUTE DETAILS

1. Date of Commencement :

2. Course to which applied for :

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

3. No. of Students passed since commencement:

Station :

Date :

(Signature of the Centre Manager)

INFORMATION DETAILS

1. Name of the Study Center _____

2. Registered Address (Given Full Address with Telephone & E-mail Address)

City/Corporation /Village/town/town panchayat _____

Taluk _____ District _____ Pin _____

Office Phone No. _____ Mobile _____

Email ID _____

3. Head of Institution (owned by) _____

4. Infra-Structure Facilities based on the Programs.

☐ No. of Class Room-Theoretical (specify the area in sq.ft.) _____

☐ Number of Laboratories available (specify the area in sq.ft.) _____

☐ Area of Administrative Office in sq.ft _____

☐ Details of Computers (enclosed configuration with purchase bill) _____

☐ Details of Licensed Software (enclosed details with purchase bill) _____

☐ Library (specify the area in sq.ft. and enclosed List of books & journals) _____

☐ Details of Administrative Staff with qualification & Experience _____

S.No	Name of the Faculty	Academic Qualification	Teaching Experience	Position Held

(Enclosed faculty CV with photocopy of Qualification & Experience Certificate)

(Signature of the Centre Manager)

For Official Use Only

1. Status : Accepted / Rejected

2. Centre No : _____

3. Grading Allotted : _____

4. Courses Allotted :

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Date of Commencement: _____ 20____

Station:

Date:

(Signature of the NSDO -IVE Director)