

**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 (O) :**

**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)**