APPLICATION NO:				

10



APPLICATION FOR AFFILIATION **GENERALPROFILE** Name of the Institution Address with Post office, Pin code District, State, Country Land phone No Mobile phone No Website address E-mail ID PAN card No Whether registered as Public or Private Trust/ Company/Society/Partnership/Individual firm Registration No & Date Name of the Director/Proprietor/Owner Mobile/Land Phone No E-mail ID Communication details of the Director/Owner **Branch/Division details** Branch/Division Name &Location Coordinator Name Contact information 1 2 3 4 5 6 7 8 9

STAFFPROFILE

#	Name of the employee	Department/Section	Highest Educational qualification	Experience
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Whether the Regd building is own or rental	
Total space of the building (In Sq. Ft)	
Total No. of Class rooms/Training rooms	
Total No. of Practical Labs& Workshops	
Machinery/Equipmentusedfor training	
Whether the Institution is providing On job/Onsite training for enrolled students	
Whether the Institution is providing Job Placement support for enrolled students	

COURSES APPLIED FOR APPROVAL

#	Course Title	Duration	Course Code (To be entered by Nactet)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	DANIZ ACCOUNT DETAIL C		

BANK ACCOUNT DETAILS

Account Name	
Bank Name & Branch	
Account No:	
IFSC Code	

DOCUMENT CHECK LIST

#	Document Name	Y/N
1	Formal request letter for affiliation in Institution letter pad with official seal	
2	Registration / Incorporation / Deed / Memorandum certificate of the Organization	
3	PAN card copy	
4	Updated CV of the faculty members	
5	Syllabus of the courses applied for affiliation	
6	Space allocation (floor plan layout) of the Head office / Registered office	
7	Indian Non Judicial Stamp paper worth Rs.200 purchased in Institution name/Director name)	

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I will abide the rules and regulations / Instructions prescribed by NACTET and there for the conduct of ATC. If any deviation is noticed in my ATC in following the norms prescribed, I accept the cancellation of Affiliation at any time. I am also aware that, all the fees paid for affiliation is non-refundable under any circumstances.

PΙ	a	С	е	:

Date: Signature Office Seal

1 Application form 100				INSPECTION RE	VIEW	
# Particulars Amount (INIR) Receipt No & Date Transaction type & ID Signature 1 Application form 100						
# Particulars Amount (INIR) Receipt No & Date Transaction type & ID Signature 1 Application form 100						
# Particulars Amount (INIR) Receipt No & Date Transaction type & ID Signature 1 Application form 100						
# Particulars Amount (INIR) Receipt No & Date Transaction type & ID Signature 1 Application form 100		Data:		Name of Inspection	Officer Inspection O	fficer Signature
# Particulars Amount (INR) Receipt No & Date Transaction type & ID Signature		Date.	O)			inicei Signature
Particulars				FFICE COURDINATO	JR REVIEW	
2 Inspection Fee - Kerala 2500 REGIONAL MANAGER REVIEW REGIONAL MANAGER REVIEW BOARD OF DIRECTORS REVIEW Date: Name of Regional Manager Signature BOARD OF DIRECTORS REVIEW ATC DETAILS Affiliation Date	#	Particulars		Receipt No & Date	Transaction type & ID	Signature
Inspection Fee - Outside Kerala 5000 Affiliation Fee 10000 REGIONAL MANAGER REVIEW Date: Name of Regional Manager Signature BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date	1	Application form	100			
REGIONAL MANAGER REVIEW Date: Name of Regional Manager Signature BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date	2	Inspection Fee - Kerala	2500			
Date: Name of Regional Manager Signature BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date	3	Inspection Fee – Outside Kerala	5000			
Date: Name of Regional Manager Signature BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date	4	Affiliation Fee	10000			
BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date			R	EGIONAL MANAGE	R REVIEW	
BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date						
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BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date						
BOARD OF DIRECTORS REVIEW Date: Signature ATC DETAILS Affiliation Date		Date:		Name of Re	gional Manager	Signature
Date: Signature ATC DETAILS Affiliation Date						
ATC DETAILS Affiliation Date			В	OARD OF DIRECTOR	RS REVIEW	
ATC DETAILS Affiliation Date						
ATC DETAILS Affiliation Date						
ATC DETAILS Affiliation Date						
ATC DETAILS Affiliation Date	Date: Signature					
Affiliation Date						
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ATC Code		Affiliation Date				
		ATC Code				