

FACULTY OF VOCATIONAL STUDIES AND SKILL DEVELOPMENT.

APPLICATION FORM TO BECOME A TRAINING PARTNER

SECTION A: GENERAL INFORMATION

Name of the Organization / Institute: _____

Type of Organization:

Industry Partner Skill Training Institute Educational Institution NGO / Trust

Other (Please specify): _____

Year of Establishment: _____

Registered Address: _____

City: _____ State: _____ PIN: _____

Contact Person Details:

Full Name: _____ Designation: _____

Mobile Number: _____ Email Address _____

SECTION B: LEGAL AND FINANCIAL INFORMATION

Registration Number & Type (e.g., GST, PAN, CIN, Society Reg. No.):

Annual Turnover (Last Financial Year): _____

Audited Financial Statements Attached: Yes No

SECTION C: TRAINING CAPABILITY

Number of Years in Skill Development / Training: _____

Training Infrastructure Details: _____

SECTION D: PROPOSED ENGAGEMENT

Preferred Sectors/Trades for Collaboration:

- Paramedical Sciences
- Agriculture
- Management and Special Programs
- Computer Applications
- Hotel Management and Tourism
- Fashion Technology
- Interior Design
- Beauty and Wellness

Proposed Location(s) for Training:

Support Services Provided (e.g., Placement, Counselling, Assessment):

SECTION E: DECLARATIONS AND ATTACHMENTS

Documents Attached:

- Organization Profile
 - Registration Certificates
 - Financial Statements (last 2 years)
 - Trainer Profiles
 - Infrastructure Photos / Center List
 - Affiliation Letters / MoUs
 - Any other relevant document
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ANNEXURE 1

<https://deshbhagatuniversity.in/wp-content/uploads/2025/06/INFRASTRUCTURE-DETAILS-OF-THE-TRAINING-CENTRE-Annexure-1.pdf>

DECLARATION

I/We hereby declare that all the information provided above is true and correct to the best of my/our knowledge. I/We understand that submission of this application does not guarantee approval as a training partner.

Signature: _____

Full Name: _____

Date: _____