



# BHARAT SKILL DEVELOPMENT EDUCATION & TRAINING

(REGD.NO. IV-190305830/2018); GOVERNED BY BHARAT SKILL DEVELOPMENT CENTRE

## Govt. of India Recognized

(Govt. of India, ISO 9001:2015, QCI, MHRD.NCT, MSME Certified Institute)

An Autonomous Organization under Govt. of West Bengal based on TR 1882 (Govt. of India), Associated with National Institution for Transforming India, NITI Aayog (Govt. of India), Dept. of Labour NCT Delhi (Govt. of India), C. R. Act-Ministry of Commerce & Industry (Govt. of India), Ministry of Small and Medium Enterprises (Govt. of India) Central Social Welfare Board and Certified by Central Vigilance Commission.  
Training Partner Of P.B.S.S.D (Govt. Of W.B.)

## APPLICATION FORM FOR STUDY CENTRE

TO  
The Secretary,  
BHARAT SKILL DEVELOPMENT EDUCATION & TRAINING  
Purba Bardhaman , W.B

### SUB- Regarding study Centre of BHARAT SKILL DEVELOPMENT EDUCATION & TRAINING

Sir,

I/We am/are praying to get a Study Centre of DR BHARAT SKILL DEVELOPMENT EDUCATION & TRAINING For our institute. I/We have read the terms & conditions carefully and understand all about it. I/We have accepted all about this matter. The details of my/our organization as under

#### 1. Name of the Organization:

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#### 2. Address of the Institute:

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PIN

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3. Regd. No. (If Registered) : 

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4. Contact No. : ..... / ..... / .....

5. E-mail : .....@.....

Website : .....

6. Details about members of the Institute : (if regd. Please attach a copy)

a) ..... b) .....

c) ..... d) .....

e) ..... f) .....

g) .....

7. Details of the Authorized person who will work with BHARAT SKILL DEVELOPMENT EDUCATION & TRAINING on the behalf of the organization:

a. Name : .....

b. Father's Name : .....

c. Mother's Name: .....

b. Date of Birth : .....

e. Educational Qualification :

.....

f) Work Experience (if any) : .....

g) Full Address (Present): .....

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District: ..... PIN: ..... State: .....

f) Full Address (Permanent): .....

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District: ..... PIN: ..... State: .....

8. Bank Details of the Institute:

Account Name : .....

A/c No. .... IFSC Code : .....

Bank Name : .....

Branch : ..... Postal PIN : .....

**9. Details of building:**

a) The building ☐ Owned/ ☐ Leased/ ☐ Rent

If rented, the terms of rent : ..... Months / Years (please attach rent agreement copy)

b) The Building use for ☐ commercial / ☐ resident

d) Total class room : ..... The total capacity of the students at a time in one batch: .....

f) Water arrangement: ..... g) Is there air condition facility: ☐ Yes / ☐ No

i) Play ground: ..... Sq feet j) Conference / Meeting room: .....

k) Computer facility: ..... No. of computer labs and total no. of computers: .....

n) Is there Internet facility: ☐ Yes / ☐ No, If yes, the connection type of Internet: .....

p) Is there generator facility for power back up? .....

10. a) Is your institute / school / college / academy franchise with any other Educational Board/ University Or any organization? ☐ Yes / ☐ No

b) If yes, Details about it : .....  
.....  
.....

11. If yes, Details about it : .....  
.....  
.....

Date: ..... Signature) Full Name: .....

Place: ..... Designation: .....



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RECEIPT COPY

Centre name : ..... Date : .....

Centre address : ..... PIN .....

Centre Director Name : ..... C/o : .....

Atc code/ franchise user id : ..... Password : .....

BSDC Chairman Sign With Stamp

Director Sign with Stamp

**12. The name of the courses (Choice of yours):**

COMPUTER COURSE -	(yes / no)	HEALTH CARE EDUCATION -	(yes / no)
BASIC ENGLISH COURSE -	(yes / no)	BEAUTY SECTOR -	(yes / no)
BEAUTICIAN COURSES -	(yes / no)	HEALTH CARE SECTOR--	(yes / no)
TEACHERS TRAINING COURSES -	(yes / no)	ELECTRICAL SECTOR -	(yes / no)
CULTURAL COURSES -	(yes / no)	RETAIL SECTOR-	(yes / no)
VOCATIONAL COURSES -	(yes / no)	ELECTRONICS SCETOR--	(yes / no)
PARAMEDICAL COURSES -	(yes / no)	TAILORING SECTOR-	(yes / no)

B.S.D.E.T DIPLOMA IN AUTOMOBILE ENGINEERING - (yes / no)

B.S.D.E.T DIPLOMA IN ICU TECHNICIAN - (yes / no)

B.S.D.E.T DIPLOM IN X-RAY TECHNICIAN - (yes / no)

B.S.D.E.T HOTEL MANAGEMENT- (yes / no)

B.S.D.E.T DIPLOMA IN AIRPORT MANAGEMENT - (yes / no)

**13. Payment method Franchise fees:****Total Fee : ..... In Word .....**

1st Installment Rs. .... Payment Method : .....

2nd Installment Rs. .... Payment Method : .....

3rd Installment Rs. .... Payment Method : .....

**Date:****Signature) Full Name: .....****Place:****Designation: .....****Total Fee : ..... In Word .....**

1st Installment Rs. .... Payment Method : .....

2nd Installment Rs. .... Payment Method : .....

3rd Installment Rs. .... Payment Method : .....