



WEST BENGAL STATE COUNCIL FOR VOCATIONAL TRAINING

(A Registered Society under Technical Education, Training & Skill Development Department, Government of West Bengal)

4th Floor, Karigari Bhawan, Action Area-III, Rajarhat, New Town, Kolkata-700160

APPLICATION FORMAT TO CONDUCT SHORT-TERM CERTIFICATE COURSES

Name of the Institution	
Full Address with Pin code	
Contact No.	
Email ID	
Name & Address of the Trust/Society/Firm/Company	
Registration no. of Trust/Society/Firm/Company	
PAN	
Trade License No. and name of issuing Authority	

• **Details of Proposed Courses :**

Sl. No.	Course Name	Duration in Hours	Total Course Fee per trainee
1.			
2.			

• **Details of Courses being conducted at present : (Attach List if necessary)**

Sl. No.	Course Name(s)	Course Code(If any)	No. of Trainees	Duration in Hours	Certifying Authority
1.					
2.					

• **Infrastructure :**

Parameters	Number(s)	Size with Dimension
Classroom		
Workshop/Laboratory		
No. of Computers with Internet facilities		

- **Facilities Available :**

Drinking Water	Yes/No	Other Facilities, if any	Other Facilities, if any
Building	Own/Rented		
Lighting Arrangements	Yes/No		
Availability of First Aid	Yes/No		
Fire Safety	Yes/No		

- **Machinery & Equipment** : (Enclose copy of detail of Machinery & Equipment)

Name of Machinery & Equipment	Detailed Specification	Number(s)

- **Details of Faculties :**

Course Name	Name of the faculty	Qualification	Experience	Full time/ Part time

I do hereby declare that all the above information is true to the best of my knowledge and belief. I understand that in the event of the information furnished above is found to be false or incorrect at any point of time, I shall be liable to face legal/penal action imposed by the WBSCVT Authority and Registration/Affiliation granted by the Council will stand cancelled. I further declare that I shall abide by all Statutory and Legal provisions in force and shall abide by the Rules, Regulations and Standards set by the WBSCVT.

Date:

Authorized Signatory:

Official Seal:

Full Name of Signatory:

Contact No.:

N.B. : A copy of Power of Attorney is to be submitted in respect of the Authorized Signatory.

Check List to be enclosed with the Applications

[Please tick (√) in the Appropriate Box]

- | | | |
|---|---|--------------------------|
| 1. Bank Draft in favor of Secretary, WBSCVT payable at Kolkata | : | <input type="checkbox"/> |
| 2. Proof of Ownership of Building/Rental Agreement | : | <input type="checkbox"/> |
| 3. Power of Attorney (If any) | : | <input type="checkbox"/> |
| 4. Copy of PAN Card | : | <input type="checkbox"/> |
| 5. Copy of Trade License | : | <input type="checkbox"/> |
| 6. Copy of Registration Certificate/Certificate of Incorporation | : | <input type="checkbox"/> |
| 7. Audited Accounts for the last Three (03) Financial Years | : | <input type="checkbox"/> |
| 8. Copies of Qualification & Experience Certificates of Faculty Members(If any): | | <input type="checkbox"/> |
| 9. Cover Letter | : | <input type="checkbox"/> |

Date:

(Authorized Signatory)