

Lakshya Industrial Training Institute

Recognized By Youth Affairs and Human Resource Development Society
(Registered By, Govt. of Rajasthan)

Application to establish Admission and Associate Training Center (ATC)

Annexure-1

CheckList (Tick against each item as)

1. Registration / Recognition / Affiliation of the Trust / Educational institution.
2. List of equipments
3. List of teachers (attach details).
4. List of Non-teaching staff.
5. Infrastructure facilities as per the program selected.
6. Computer facilities.
7. DD of Rs. 25000/- + 1000/- (PROCESSING FEE) - in favor of
"Youth Affairs and Human Resource Development Society" **payable at Kota Rajasthan**

Address for Correspondence

10-D Panjwani Complex, 2nd Floor, Opp. Multi Purpose School Gumanpura Kota Rajasthan

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Application to establish Admission and Associate Training Center (ATC)

Admission and Associate Training Center (ATC)

1. Name of the Registered Society/Trust/Company/Others
(With Registration no.) _____
 2. Do you want approval in name of Trust/Society Yes: No:
 3. Name of Proposed Associate Training Center – ATC _____
 4. Correspondence Address:

 5. City: _____ Pin Code: _____
 6. State: _____
 7. Contact Details:
A) Landline No with STD code:
B) Mobile No:
C) Fax No: Yes No Number
D) Email Id: Yes No Id
 8. Name of Head of the Associate Training Center – ATC
(Educational qualification, occupation):
 9. Contact No of the Centre Head: _____
 10. Name of the Centre coordinator: _____
 11. Contact No of the Centre coordinator: _____
 12. Details of affiliation and recognition by the
Local University/ Board/ Government along
With the certificate (copy) _____
-
-

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13. Type of Organization: (Put Tick Mark):

Trust:

Society:

Company:

Partnership Firm:

Proprietor Firm:

14. Type of Area: (Put Tick Mark):

Metro: State Capital: Dist HQ: Town: Semi Urban

Rural: Backward Area: Remote: Hilly Region: Tribal Area:

15. ATC Location: Commercial Semi-Commercial Residential

16. Premises: Owned Rented Leased

17. Distance from Bus Stand (in km) _____

18. Distance from Railway Station (in km) _____

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INFRASTRUCTURE DETAILS

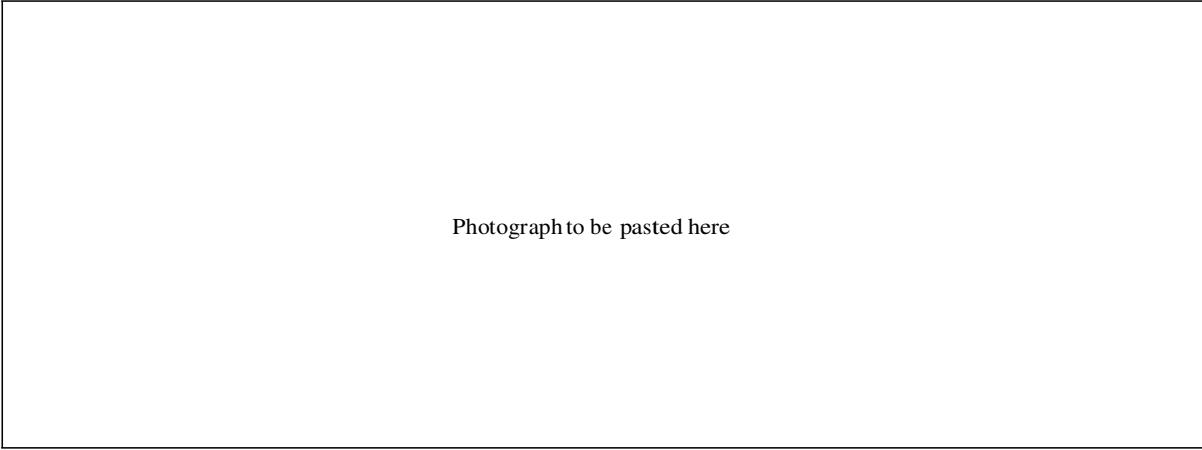
(To be filled by the Applicant)

DKC at _____ (Road Map to be attached)

1. Building (Owned/Rented) : _____

(I) Total Area (Sq. Ft): _____ (ii) Build up area (Sq. Ft): _____

Photograph to be pasted here



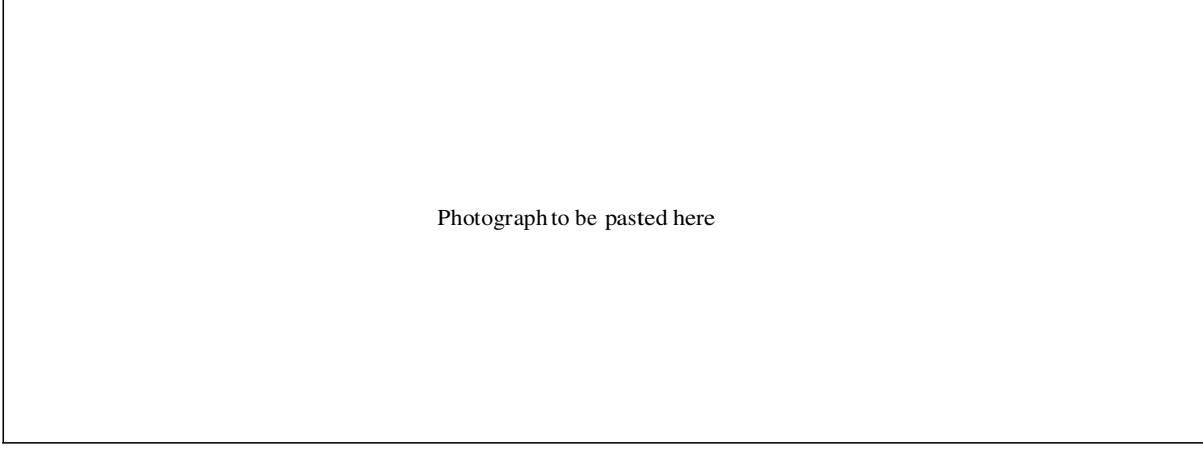
Front view photograph of the building

2. Front Office Details :

A. Counselor's Room

(I) Dimension: _____ (ii) Area: _____

Photograph to be pasted here



Counselor Room Photograph

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B. Coordinator's Room

(i) Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Coordinator's Room Photograph

C. Name the Laboratories (for practical training of students)

(I). Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Laboratories Photographs

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D. Name the Laboratories (for practical training of students)

(I) Dimension: _____ (ii) Area: _____

Photograph to be pasted here

Laboratories Photographs

- If there are more laboratories please attach photographs on a separate sheet.

Class Room Photograph

A Class Room No. 1

(I) Dimension: _____ (ii) Area: _____ (iii) Seating Capacity: _____

Photograph to be pasted here

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(B) Class Room No. 2

(I) Dimension: _____ (ii) Area: _____ (iii) Seating Capacity: _____

Photograph to be pasted here

Classroom Photograph

- If there are more classrooms please attach photographs on a separate sheet.

3 Computer Lab Details

- (i) Dimension : _____ (ii) Area: _____
(ii) Number of Computers : _____ (Independent/LAN)
(iii) Number of printers : _____
Type: (a) Laser: _____ (b) Inkjet: _____ (c) Dot Matrix: _____
(iv) Internet connection (Yes/No) : _____

Photograph to be pasted here

Computer Lab Photograph

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4 Library Details (Attach a separate list with details of library books with name)

Total Number of Books: _____

No. of Journals: (I) National _____ (ii) International _____

Photograph to be pasted here

Library photograph

5 Faculty Details

A. Regular Faculties(Programme Wise)

S.NO	Name	Educational Qualification	Experience

• If there are more regular faculties please attach a separate sheet.

B. Visiting Faculties (Programme Wise)

S.NO	Name	Educational Qualification	Experience

• If there are more visiting faculties please attach a separate sheet

6 Audio-Visual facilities – specify: _____

Place :

Date:

Signature of Coordinator with Centre Seal

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INSTITUTION AREA

S.No.	Particulars	Areas in Sq. Ft.
1.	Administrative Area	
2.	Reception Area	
3.	Counseling Room	
4.	Library	
5.	Computer LAB Area	
6.	Class Room 2(50- 60 students)	
	Total	

Note:

- Computer Laboratories should be equipped with latest configuration with 160 GB HDD, 2 GB RAM, TFT Monitor, Optical Mouse, Keyboard, 2 serial and 1 parallel port. All net work facilities may be provided. Printers, Scanners, Fax with latest facilities must be available.
- Trade lab with latest facilities must be available

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DECLARATION BY THE APPLICANT

I hereby certify that all the particulars stated in this application are to the best of my knowledge and belief and incase of suppression or distortion of any fact made in my application form, I understand that my affiliation is liable to be cancelled.

I understand that Lakshya Pvt. Industrial Institute has the right to add / delete / change the syllabus, course structure, rules & regulations.

Place

**Seal & Signature Of the
Institute Head / Co-Ordinator**

Date

**Photograph
Of the Head
of the
Institute**

UNDERTAKING

(Format to be printed on the letterhead of the Institute or on Rs.10 stamp paper)

I _____

(Name & Designation)

Partner / Proprietor / Owner of _____

(Name & address of the Institute)

Understood the RULES & REGULATIONS as on now & amended in future applicable to the Institute conducting Lakshya Pvt. Industrial Institute's Courses, courses explained in the Prospectus for Affiliation and agreed to abide by the same.

1. I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me some on being owner / authorized administrative of the above mentioned Institute / organization to furnish the above information and to undertake the above stated commitment on behalf of my / our Institution.
2. I am aware that in case any information given by me is false or misleading, Lakshya Pvt. Industrial Institute may in its sole discretion to take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation for any or all from Two years from the date of debarring.
3. I agree to abide rules & regulations by the decisions of the Lakshya Pvt. Industrial Institute or its designated agencies in respect of my application for Affiliation ITI courses under the CIBE/SBCE scheme.
4. I further understand that, In case at least 120 numbers of candidates in the duration of one year period of Affiliation, is not sent, Lakshya Pvt. Industrial Institute is liable to be withdrawn or canceled.

Seal & Signature of Center Head

Signature of Witness

- Name :
- Designation :