

JAWAHARLAL NEHRU YOUTH CENTER FOR TECHNICAL EDUCATION

जवाहरलाल नेहरु युवा तकनीकी शिक्षा केंद्र

An ISO 21001:2018 & ISO 9001:2015 Certified Organisation Registered with NCR of New Delhi | Recognized by Govt. of India.

Registered as Skill Provider under National Career Service | Ministry of Labour & Employment, Govt. of India

AFFILIATION FORM

Note: The Following documents to be attached with application form:

- A copy of the society's/Trust's registration certificate.
- In case of a Private Ltd Co., attach a copy of MoA and AoA.
 - a. PAN copy of Trust/Society/Institute.
 - b. Director/Head of the franchise/President of the Trust/Society.
- In case the premises is on rent or lease, kindly attach the rent/lease deed.
- Ownership /registry/ allotment papers if the premises is owned by the establishment.
- Identity proof of Directors/frachise head (Aadhaara/Voter Id/passport).
- List of employees along with their education qualifications and experience.
- MoU (Memorandum of Understanding) if the franchise is engaged with other organizations for training/placements/apprenticeship.
- Pictures of the Establishment (Entrance, Infrastructure (lab and classrooms)).
- Building plan must be approved by the respective Municipal corporation Authorities.

RULES AND REGULATIONS

(Please read the following instructions carefully before filling in the form.)

- 1. Go through the constitution of JNYCTE, rules & regulations and all other information related to JNYCTE, as there is **no provision of affiliation fees refunding.**
- 2. Use only prescribed Application Form.
- 3. Type/Write in Block/Capital letters only.
- 4. To be submitted along with self certified photocopies of the documents and enclosures.
- 5. Separate forms are to be used for Institutions having different Premises/Locations/Branches.

Note: The request letter should be typed on the Letter head of the Establishment.

Visit: www.jnycte.com



Client Computer

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Appli	cation No:				ATC	No:
	APPL	ICATION FO	OR AUTHORI	ZED TRAINI	NG CENTER	
1.	Name of the Inst	itution :				
2.	Year of establish	ment :				
3.	Type of Institutio	n: Trust	So	ciety	Educational Ins	stitution
		LLP	Pvt	. Ltd		LTD
	R &D	Organization		PSU/Go	vt. Organization	1
	If any others Affiliations (Please Mention)					
4.	Full Postal Addre	ess:				
Dist	rict & State :					
Pin	Pin Code: Phone No					
E-M	lail:					
5.	Fill the Following	g and enclose	the proper pro	ofs: Owned	Rented	
6.	. Ready to Occupy: Yes Not Yet					
7.	'. Total Carpet area of the Institute(Sq.ft)					
8.	3. Total Site Area of the Institute (Sq.ft)					
9.	Internet Connect	ivity : Leased	Line Broa	adband	Dial Up S	Speed
10.	10. Details of the Computers (Dedicated for Earmarked for Training and Research Purpose)					
	Туре	Processor	RAM	HDD	Network Y/N	Internet Y/N
S	erver Computer					

nfrastructure details: Genera	torLCD	Project	or FA	X Photo	Copier
. Infrastructure for Training Program		Units Sq.Fts		Seating Capacity	
Class Rooms					
Library (Tools / Books)					
3. Practical Lab /Conference Room/Audio Visual Room					
4. Administrative Area					
5. Trainer Room					
6. Counseling Room					
Toilet Yes No					
Other					
	c d h various org				
		(Use Separa	te Sheet if r	necessary)	
Name	Designation	Qualification	Teaching Experience (No. of Years)	Date of Appointment	Full Time/ Part Time
	1	1			
	Infrastructure for Training Class Rooms Library (Tools / Books) Practical Lab /Conference Room/Audio Visual Room Administrative Area Trainer Room Counseling Room Toilet Other tails of the Courses applied ttach the MOU's Signed with Apprenticeship & Placement etails of Training Staff and General Room Total Room Toilet	Infrastructure for Training Program Class Rooms Library (Tools / Books) Practical Lab /Conference Room/Audio Visual Room Administrative Area Trainer Room Counseling Room Toilet Other tails of the Courses applied for a c d ttach the MOU's Signed with various ore Apprenticeship & Placements, Etc etails of Training Staff and Other Staff: (Infrastructure for Training Program Class Rooms Library (Tools / Books) Practical Lab /Conference Room/Audio Visual Room Administrative Area Trainer Room Counseling Room Toilet Other tails of the Courses applied for a	Infrastructure for Training Program Class Rooms Library (Tools / Books) Practical Lab /Conference Room/Audio Visual Room Administrative Area Trainer Room Counseling Room Toilet Ye Other tails of the Courses applied for b	Infrastructure for Training Program Class Rooms Library (Tools / Books) Practical Lab /Conference Room/Audio Visual Room Administrative Area Trainer Room Counseling Room Toilet Yes N Other tails of the Courses applied for a

PLACE:	
-o,	
AWAHARLAL NEHRU YOUTH CENTER FOR TECHNICAL EDUCATION	
HYDERABAD, INDIA.	
SUB: Application for ATC of JNYCTE at(Place)	
Dear Sir/ madam,	
We, here by submit the application form for new Authorized Training Center (ATC) of JNYCTE. $\sf W$	
ertify that we have very well understood our responsibilities and the implications of the scheme ve undertake to follow all the instructions issued by the JNYCTE from time to time. We assure t	
ollow all the Rules & Regulations, Terms & Conditions of JNYCTE. We further assure you that w	
vill try our level best to provide quality education to fulfill the objectives of the JNYCTE.	
Hence, We request you to allot us an Authorized Training Center after going through necessar ormalities.	У
ormandes.	
Thanking you,	
Tidriking you,	
Authorized Signatory of the Institution (Society / Trust / Institution / Organization)	
Name:	
Designation	
Signature & Seal with date:	

DATE:



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Director / Principal / Center Head Profile

1. Name:			
2. Designation:			PHOTO
3. Sex: M/F			
4. Qualification:			
5. Experience:			
6. Photo ID Proof:	Driving Licence Pass Port	Voter ID	
(Kindly Enclose the copy	PAN Card Aadhar Card		
	Declaration:		
On behalf of the Inst	itute		
l	S/o OR D/o		do
hereby declare that	the particulars furnished above are corr	ect to the best of my kno	wledge and
belief and that I am ¡	orepared to undergo any punishment im	posed on me if any of the	e particulars
furnished are found	to be false and misleading. I also furth	ner declare that I shall a	abide by the
conditions, rules	and regulation measures impose	d by the JNYCTE fo	or granting
permission/affiliation	n to establish and run this institution. In	future I shall never clain	n any where
against JNYCTE as ir	read out all the information related to JNY	CTE.	

Date:

Place:

Signature Director/Principal/ Center Head



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Center Photos to be Pasted

Space for Affixing
Wide Range Photograph Showing the locality of the Institution

UNDERTAKING

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for ATC once paid, will be non-refundable. Withdrawal of my proposal or rejection by the JNYCTE at any stage for reason whatsoever shall not entitle me to claim any amount or compensation from the JNYCTE.

Signature of the Proposed Principal / Director with Seal