

APPLICATION FOR FRANCHISE



Name of the Director / Head of the institution: _____

Mobile No: _____ Land Line No (with STD): _____ Designation: _____

E-mail: _____ Website: _____

Training Centre Info:

Training Centre Name: _____

Geographical Location: ☐ Rural Location ☐ Urban Location

Centre Ownership: ☐ Franchise ☐ Self Run

Training Centre Start Date : ____/____/____ Centre Area(In Sq.Ft) _____

Infrastructure Details:

Candidate wise centre Capacity: _____ Number of Training Rooms: _____

Number of Labs: _____ Number of Male Washroom: _____

Number of Female Washroom: _____ Number of Unisex Washroom: _____

Total Number of Washroom: _____ Distance from Nearest airport (In Kms): _____

Distance from Nearest Train station (In Kms): _____ Distance from City Centre (In Kms): _____

Address: _____

Near by Landmark: _____ PIN Code: _____

State: _____ District: _____ Tehsil/Mandal/Block: _____

City/Village/Town: _____ Parliamentary Constituency: _____ Geo Location _____

Facilities Available at the Centre:

Internet Connectivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Av Video Con Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cafeteria / Dining Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physically Disabled Friendly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3 Phase Power Connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Backup Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counselling Room / Placement Cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Backup Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid Kit Availability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Safety Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CCTV Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biometric Trainee Attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NSDC Branding Central Facade	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NSDC Branding Central Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NSDC Branding Classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NSDC Branding Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Declaration

I hereby declare that details and information provided by me herein are true.

Applicant's Name _____

Date: ____/____/____

Applicant's Signature

Enclosures

1. Complete application form with visiting card.
2. Rooms/Labs/Front Office/Building Front Photographs.
3. Internet Bill.
4. Centre Address Proof.
5. Fire Safety Equipment Proof.
6. First aid kit availability Proof.
7. NSDC Branding Proof. / CSR Branding

Note: All the Above Enclosures are Mandatory Submit at the time of along with Application form.

FOR H.O. USE ONLY

Comments:
