



Incorporated with Ministry of Corporate Affairs, Gavt.of.india Registered and Recognised by startupIndia and startup TN Ministry of Commerce & Department for promotion of Industry and Internal Trade. Ministry of MSME, Gavt. of India ISO: 21001 : 2018 Certified Management systems forEducational Organizations

APPROVAL APPLICATION FORM

APPLICANT PHOTO

Which courses Needed for approval		
Section 1 : Personal Profile		
Applicant Name :		
Residential Address:		
Email Id and Educational Qualification:		
Experience in Educational Field:		
Annual Turn Over :		
Aadhaar No/ Voter ID/ Pan card:		
Others Details:		
Section 2 : Institution Profile		
Name of the Institution :		
Year of Establishment :	Area of Institution :	
Premises Details :		





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District : State : Pin code: Full Postal Address :					
Mobile No : Email : Website :					
Details of Owner	/ Director / Co ord	linator :			
Name	Qualification	Experience	Appointed Since	Mobile No	
Are you associated with any University / Institution or Distance or Regular Education? If So, give Details					
11 50, 91, 0 20001					
Name	Qualification	Experience	Appointed Since	Mobile No	





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Si. no	Name of Laboratory	Owned / Tie	Practical Facilities	
1.				
2.				
3.				
4.				
5.				
6.				

Library Details:

Si. no	Name of Laboratory	Practical Facilities
1.	Types of Book	
2.	Reference Books	
3.	Subject Books	
4.	Self - Learning Materials	
5.	Practicals / Journals	
6.	Newspaper / Magazines	





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ISO: 21001, 2018 Conflied Management systems by Educational Oppositations

Details of Vocational Training Course Propose to be Offered

Si. no	Course Code	Name of the course	Duration
1.			
2.			
3.			
4.			
5.			

Additional Accomodation

Office Room	
Staff Room	
Library and Reading Room	
Common Class Rooms	
Practical rooms	
Toilet with flushing For Boys 2 For Girls 2 For Staff 1	
Water Facility with Sump, overhead tank and pump.	



4. Institution Photo Copy Color

7. DD in the name of Rehovot

6. Proprietor ID Proof



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Building Detail :	Own	Rental				
If Own, Corporation	If Own , Corporation tax no or EB no:					
If rental, Period of Ag	greement:					
Institute Run by :	Trust	Society	Partnership	Proprietorship		
Name of the Trust:						
Managing Trustee of	the Trust:					
Society Details:						
Partnership Deed No						
Proprietorship No:						
-						
		Declar	ation			
I accept all te	erms and conditi	ions of the RTMS				
I certify that the above statements are true and correct to my knowledge. If found incorrect will automatically result in cancellation for my approval. And take any legal action.						
Institute Seal				Applicant Sign		
The Following Janeary	ahould be evelowed	Jone with this forms				
The Following documents 1. 50 rup		With Institution Nam	e)			
2. Buildi	ng Rental Agreeme					

5. Institution Proprietorship & Registration Copy or Partnership Deed copy or Trust deed copy