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SWAMI VIVEKANAND YUVA KAUSHAL SETU (SVYKS)

Form 1 - Affiliation form for Training Agency (TA)

P	A. General Profile				
1	Proposed Name of TA	:			
2	Type of Parent Organization (
	☐ Govt.	☐ Privat	е		
	☐ Other (specify)				
3	Name of "Parent Organizatio	n" (PO) :			
4	Registration No. of PO	:			
5	Registering Authority of PO	:			
6	Registration Date of PO	:			
7	Full Address of Parent Organia	zation :			
	City :	District :		Pin Code :	
8	Contact No.			2	
9	Email Id				
10	Web site				
	/ A++			ation & all declared information	١,
	(At	acii Piooi oi negistiati	ion of farcing organiz	ation a an acciarca imprimation	'/
11	Affiliated with any Govt Unive	_	☐ Yes	□ No	')
		ersity/Agency ?	☐ Yes		')
12	Affiliated with any Govt Unive	ersity/Agency ?	☐ Yes	□ No	')
12	Affiliated with any Govt Unive	ersity/Agency ? University/Agency	☐ Yes	□ No	')
12	Affiliated with any Govt University If Yes please specify Name of Type of Institute / Center	ersity/Agency ? University/Agency	☐ Yes :	□ No	')
12	Affiliated with any Govt University If Yes please specify Name of Type of Institute / Center Tech. College Scheme	ersity/Agency ? University/Agency	☐ Yes :	□ No	')
13	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other	ersity/Agency ? University/Agency	☐ Yes :	□ No	
12 13	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other	ersity/Agency ? University/Agency	☐ Yes :	□ No 	
12 13	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other Scheme Head of Organization	ersity/Agency ? University/Agency	☐ Yes :	□ No (Attach Proof of Affiliation	
12 13 1 1 2	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other Other B. Contact Person Head of Organization Contact No.	ersity/Agency ? University/Agency	☐ Yes :	□ No (Attach Proof of Affiliation	
12 13 1 1 2 3	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other Other B. Contact Person Head of Organization Contact No. Whatsapp No.	ersity/Agency ? University/Agency	☐ Yes :	☐ No (Attach Proof of Affiliation	
12 13 1 1 2 3	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other Other B. Contact Person Head of Organization Contact No. Whatsapp No. Email Id	ersity/Agency ? University/Agency	Yes :	☐ No (Attach Proof of Affiliation	
12 13 1 1 2 3	Affiliated with any Govt University If Yes please specify Name of Type of Institute / Center Tech. College Scheme Other G. Contact Person Head of Organization Contact No. Whatsapp No. Email Id Name of TA Head	ersity/Agency ? University/Agency	Yes :	No No No No No No No No	
12 13 1 1 2 3 4 5 6	Affiliated with any Govt University If Yes please specify Name of Specify Name of Type of Institute / Center Scheme Other Other B. Contact Person Head of Organization Contact No. Whatsapp No. Email Id	ersity/Agency ? University/Agency	Yes :	No No No No No No No No	

(Attach a self signed letter on letter head from Head of the Organization as proof)

Annexure B-1 Page 2 of 2 C. Financial Profile 1 PAN No. (If yes mention no.) 2 GSTN (If yes mention no.) 3 80G (If yes mention no.) 4 TAN No. (If yes mention no.) :_____ 5 12A (If yes mention no.) 6 Other (Please specify) 7 Combined Turnover of Financial year 2016-17, 2017-18 (In Rupees): ______ 8 Whether file ITR ☐ Yes No (Attach Proof for all declared information, PAN, TAN, GSTN, Audit Reports, Copy of ITR etc.) D. Application fee Details ☐ NEFT ☐ RTGS ☐ IMPS 1 DD 2 DD No./NEFT/RTGS/IMPS Transaction No. 3 Date of Payment 4 Issuing Bank 5 Amount (Attach Proof for above mentioned payment details with appropriate transaction proof) Note: TA is required to furnish & submit Form1.1 - Registration Form for TTC under TA Declaration: I solemnly declare that above mentioned all information are true to my knowledge

Date : Name & Signature of Head of the Organization with Seal & date

and belief.