

PROFORMA FOR OBTAINING AFFILIATION UNDER
WEST BENGAL STATE COUNCIL OF TECHNICAL EDUCATION FOR CONDUCT OF
SHORT TERM VOCATIONAL TRAINING (STVT) COURSES

1.0 Institutional Details

- 1.1 Name and address of the applicant along with Pin Code, Fax Number, Phone Number(s) with STD Code, E-mail
- 1.2 Proposed name of Institution and its proposed location, address, Fax Number, Phone Number(s) with STD Code, E-mail
- 1.3 Type of Institution (Private Aided, Private Unaided, Private Self-financing, Registered Society, Government Sponsored Institute, Government Organisation)
- 1.4 Object of Institutions (Vocational / Technical)

2.0 Details about Society / Trust / NGO / NRI

- 2.1 Name and address of the Society / Trust with date of establishment, address with Pin Code, Fax Number, Phone Number(s) with STD Code, E-mail
- 2.2 Society / Trust Registration Documents
 - 2.2.1 Whether the applicant Society is registered under Societies Registration Act? If so, please attach Registration Certificate
 - 2.2.2 State the composition of Trust / Society (furnish the document)
 - 2.2.3 Technical/Vocational Institution run/managed by the Society/Trust

Name of Institute	Location	Courses Conducted	Whether approved by any organisation

- 2.2.4 Whether the application Trust / Society has any court case? If so, please give brief report.

3.0 Academic Information

- 3.1 Vocational programs proposed to be conducted

Course	Titles	Duration	Year of commencement	Entry level

3.2 Whether curriculum and syllabi to be followed have been framed? If so, please attach one copy of each of the proposed stream

3.3 What will be the medium of instruction?

4.0 **Admission Procedure**

4.1 Whether admission will be on the basis of marks of qualifying examination or through admission test?

4.2 State last date of admission

4.3 Attendance of students to qualify

5.0 **Attendance Schedule / Calendar to be followed / weekly work schedule to be followed?**

6.0 **Staff**

6.1 How many posts of teacher, technical and other supporting staff are filled-up?

6.2 Furnish list of staff appointed with qualification and experience.

7.0 **Building**

7.1 If the Institute is set-up in rented/leasehold premises, copy of the agreement to be furnished.

7.2 State number and size of classrooms, laboratory, library, administration, staff room, students common room, toilet blocks, etc. (with dimensioned layout drawing)

8.0 **Equipment, Tools, Instruments, Machines**

8.1 State the major machine/equipment, etc. available (department/laboratory wise)

9.0 **Library**

9.1 Give details of number of books and journals, library equipment, library services available.

10.0 **Teaching Aids**

10.1 Please state the teaching aids available for its institution

11.0 **Finances**

10.1 Availability of funds in the name of Trust / Society as a working capital for the proposed institution.

10.2 Please give year-wise annual anticipated item wise recurring and non-recurring expenditure in details.

10.3 Please state how you will be able to meet recurring and non-recurring expenditure from year to year.

11.0 Any other information in support to establishment of proposed institution.

DECLARATION

I declare that all the information given above is true to the best of my knowledge. If the Council finds any discrepancy in the same during verification the Council may reject my proposal and I shall not make any claim for the same in future.

Name of the Chairman/President
of Trust / Society

Date: _____

Place: _____

Signature