

APPLICATION FORM: ACADEMIA PARTNERS

ORGANIZATION DETAILS					
S. No.	Particular	Details			
1.	Name of the Organization				
2.	Nature of the Organization				
3.	Address				
4.	Registration No. and Date of Registration of Applicant as a legal entity (Attach Supporting Documents)				
5.	Website (if any)				
6.	PAN Card Number (Attach Supporting Documents)				
7.	Annual Turnover (Last 03 Financial Years) (Attach Supporting Documents)	2021 – 22	2020 – 21	2019 – 20	Average Turnover
8.	GST Number (Attach Supporting Documents)				
9.	Name of the Authorized Signatory				
10.	Designation				
11.	Contact no. With Email				
12.	Name of the SPOC				
13.	Designation				
14.	Contact no. with Email				
15.	Projected Enrolments in a year				
16.	Mode of Training				

	(E-Skilling / Offline / Hybrid)	
17.	No. Of Placement Linkages (Attach Supporting Documents)	

18. PAST EXPERIENCE TRAINING DETAILS

S. No.	Affiliated Organization	State	Name of the Course	Students Enrolled	Students Certified	Students Placed

19. Training Plan

(Proposed Courses)

S. No.	Qualification (Commercial name of the course being run)	Code (if any)	Proposed no. to be trained	Hours of training		
				Theory	Practical	Apprenticeship
1.						
2.						
3.						
4.						

20. Faculty Details

S. No.	Name of the Faculty	Align with Course	Highest Educational Qualification	Experience related to Sector	TOT Certified (Yes / No)
1.					
2.					
3.					

21. Prospective Work Schedule

Month No.	Month Name	No. of candidates for whom training will be started	No. of candidates for whom training will be completed	Cumulative OJT / Placement Target
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Declaration:

I _____ (Name of the authorized signatory), _____ (Designation) for the _____ (Name of the Organization) declare that we do not face any sanction or any pending disciplinary action from any authority, that our firm has not been blacklisted by any government or any other partner firm. In case of any further changes which effect this declaration at a later date, we would inform the Life Sciences Sector Skill Development Council (LSSSDC) accordingly. All the information state above is true as per my knowledge and information.

Authorized Signatory

Signature with Seal :

Name :

Designation :