**CENTRE VERIFICATION FORMAT**

1. Name of the STP – **KAMPA BHAI VOCATIONAL TRAINING INSTITUTE, <DISTRICT NAME>**
2. Location of Training Centre with postal address-
3. Courses offered in the training centre- **ACCOUNTS ASSISTANT USING TALLY, DTP & DESKTOP PUBLISHING, HAND EMBROIDER, ELECTRONICS ( REPAIR AND MAINTENANCE OF PERSONAL ELECTRONIC DEVICES) , BEAUTICIAN, CCA,ICT, PGDCA, DCA, ADCA, DCH, DCHNA, BANKING ACCOUNTING, SOFT SKILL,MATERIAL MANAGEMENT, INSURANCE, RETAIL,** **AGRICULTURE, RETAIL, PLUMBING, EDP, ESDP, Vocational Training etc.**
4. Details of classroom available-
* No of Class rooms-
* Size/ Carpet area of class room-
* No of sitting facilities-
* White board/ Black board facilities of PowerPoint Presentation- **Available**
* Electrification/ Computer/ Internet available- **Available**

Resource Persons (Trainers) with:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Name** | **Age** | **Qualification** | **Experience** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. Name of the Centre Coordinator-

 Cell Number- Email-Id-

 Certified that, the training centre infrastructure & professionals verified by me is satisfactory & the STP is competent to conduct EST & P training. All the information submitted here is true to the best of my knowledge.

Signature of the Verifying Officer

Signature of the STP coordinator

Signature of the MC/DC/EO

…………………….M.C/MPLTY/NAC