Elementary and Technical Skill Council of India

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1) **NAME OF INSTITUTE: ……**

2) DIRECTOR OF INSTITUTE: ……..

3) DATE OF BIRTH: ……

4) FATHER'S NAME: …….....……

5) CONTACT NO. OFF: ……

6) MOB NO. :……..

7) EMAIL ID: …….

8) PARTNER OF INSTITUTE

(A) ……..…… (B)……..... (C)……..……

9) ADDRESS OF INSTITUTE: …….

……..……

10) ESTABILISHED YEAR: ……..

11) TOTAL CARPET AREA: ……

NOS OF THEORY CLASS ROOM	
NOS OF OFFICE	
NOS OF COUNSILING ROOM	
NOS OF STAFF ROOM	
NOS OF COMPUTER	
NOS OF LIBRARY (BOOKS)	
NOS OF STUDENT SEATING AREA	

13) NOS OF FACULTY: NAME QUALIFICATION EXPERINCE

(A) …… …… …….

(B) …… …… …….

14)) IF INSTITUTE IS ALREADY REGISTER/FRANCHISE

(A)…… (B)……. (C)……

15) COURSE OFFER:

(A)…… (B)……. (C)……