**Application Form**

**Affiliation of Training Institute**

**Program / Courses Funded By:**

**□NAVTTC □PSDF □TEVTA □Foreign funding □Institute Own**

1. **Details of Institute / Organization** 
   1. Name of Institute/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Contact: Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Date of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Plot area of Institute/ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sq Ft
  4. Status of Building:  Owned  Rented
  5. Nature of Organization:

 Government Non-Government (NGO)

Association of Person/Partnership  Sole Proprietor

Registered under Companies/ Societies Act Industry

* 1. Institute / Organization NTN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Institute/ Organization Bank Name & Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Previous Registration/ Affiliation Details (If Any)** 
   1. Name of Registering Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach Registration/Authorization Letter
   2. Date Registration/Authorization Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Period of Registration/Authorization: From: \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Detail of Registered Vocational/ Technical Courses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.#** | **Name of Courses** | **Duration in Months** | **Offered Since** | **Approved Capacity** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **Courses Requested for Affiliation with TTB Punjab**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Name of Trade Offered** | **Capacity (10-25)** | **Shift**  **1st / 2nd** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. **Details of Trainers/Instructors of relevant Trade are at Annexure- A**
2. **Amount deposited as TTB Charges:**Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach Bank Receipt

**SUBMISSION BY APPLICANT**

|  |  |
| --- | --- |
| **Principal / Head of the Institute** | **Authorized Signatory (If different from Principal)** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Applicant’s Undertaking**  It is certified that the facts stated in this application and the documents attached herewith are true to the best of my knowledge. It is also certified that the Institute has all the tools, Equipment & Furniture required for the conduct of training. The management has agreed to abide by the Rules, Regulations, SOP & Instructions of Trade Testing Board, Govt. of Punjab, Lahore and an affidavit on Stamp Paper of worth Rs. 100/- for affirmation is attached at **Annexure- B, along with copy of CNIC.**      Signature & Thumb Impression of Applicant Official Seal of  Institute/Organization | |

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_