



C-DAC THIRUVANANTHAPURAM
(R&D Organization of Ministry of Electronics and Information Technology,
Government of India, Thiruvananthapuram-695 033)

APPLICATION FOR C-DAC Accredited Academic Training (CAAT) Centre

From:

Date: _____

Sir,

Subject : Application for Registration as CAAT Centre

Reference :

We the undersigned hereby apply for Registration as a Training Partner under the professional skill development initiative C-DAC(T). We would like to state that we have made full disclosure of all the information required in this application and the information provided by us is true to the best of our knowledge and belief.

We acknowledge that this is only an application for consideration of Registration with C-DAC(T) and that this application does not place any obligation on C-DAC to appoint us as an Accredited training partner.

We understand that C-DAC(T) or its representative shall be free to investigate the correctness of information provided by us and/ or call or make direct visit to our premises for more information whenever required. During such investigation or at any subsequent stage, in case of any misinformation, whether intentional or unintentional, C-DAC may not give acceptance of application or may cancel the same if already issued.

We further acknowledge that the copies of all documents, photographs etc furnished by us would henceforth become the property of C-DAC and may be retained by them for their records.

Signature of Main Promoter/ Partner

Name:

Designation:

Phone No:

E mail:



1.	Name of the Organization (in full and BLOCK CAPITAL)	:	
2.	Official Postal Address	:	
			Pincode: State: Website : Social media :
3.	Name of the Applicant (in full and BLOCK CAPITAL), with Designation / Post (a valid id proof to be submitted along with this application)	:	
4.	Date of Birth (dd/mm/yyyy)	:	
5.	Residential Address	:	
6.	Citizenship.	:	
7.	Educational Qualifications.	:	
8.	Professional affiliations.	:	
9.	Total years of experience.	:	
10.	Telephone / Mobile Number.	:	
11.	NRI/Foreign travel Information.	:	
12.	E – Mail.	:	
13.	Parent / subsidiary Organisation(s) (if any)	:	
14.	Type of the Organization (Documentary proof of registration / formation of the institution to be enclosed)	:	Government/Quasi Government/Private/ Partnership firm / Voluntary organizations / Public Ltd Company / Co-operative / Autonomous Society/Trust/ Others (specify)
15.	Year in which the Organization started functioning (dd/mm/yyyy)	:	
16.	Nature of current business & Annual Turnover	:	
17.	No. of offices in the country & Location of each centre	:	
18.	If already running courses; give details of courses:	:	



	Course Name Duration No. of students Course Fee etc.		
19.	List of CAAT Training courses applied for		
20.	Details of proprietors/ partners / Directors viz. Name, experience, qualifications, age etc.		
21.	If applying for second time reason for re-submission		
22.	Accreditation/Affiliation/Franchise (if any)		
23.	Expected trained manpower output per annum for CAAT courses.		
24.	Last 2 years training and placement record of the organisation/Institute.		
25.	Preferred Location for which accredited centre is applied for. (location map to be enclosed)	:	
26.	Nearest Landmark & Railway Station	:	
27.	Is the Organization functioning in own / rented building?	:	
28.	Facility is under hypothecation? Give details		
29.	Total Available Floor Space (Sq. Ft.) No. of classrooms available No. of computer labs available No. of exam halls available (Indicate capacity of each)	: : : :	
30.	Library Facility (yes/no)	:	
31.	Wireless Broadband Connectivity (yes/no)	:	
32.	Lab Components: No. of PCs (with specification) Printer	: : :	



	LCD Projector : White board / Black board : Whether computer labs are networked (yes/no) :	
33.	Basic Amenities Provision for drinking water (yes/no) : Provision for toilet(yes/no) : Open area : Parking space :	
34.	IT business experience (give details) :	
35.	Are you managing any other Accredited/franchisee centres (yes/no), if yes, give details :	
36.	No of faculty members for CAAT :	
37.	Faculty details :	
	(Name, Age, Qualification, Experience)	
	1. 2. 3. 4.	
38.	Other staff information.	
39.	State reasons why your organization should be selected as a C-DAC Accredited Academic Training Centre of C-DAC, Thiruvananthapuram. :	

NB.

Use supplementary sheets wherever needed.

Documentary proof of Registration/ Income Tax/ GST /PAN / Photograph etc. need to be attached



DECLARATION

I _____ hereby declare that the details and information provided by me in this form is true to the best of my knowledge and belief.

Place:

Signature:

Date:

Seal