

**Application form for Empanelment of Institutes/Organizations for
conducting**

HSR Training under HSRT – बढ़ते कदम II

Application for the course of:

- | | |
|---|--|
| (i) Event Facilitators <input style="width: 50px; height: 20px;" type="checkbox"/> | (iii) Security Guards <input style="width: 50px; height: 20px;" type="checkbox"/> |
| (ii) Tour Assistants, Transfer Assistants and Office Assistants <input style="width: 50px; height: 20px;" type="checkbox"/> | (iv) Skin Care & Spa Therapy <input style="width: 50px; height: 20px;" type="checkbox"/> |

1. Name of the Institute / organization:

City: _____ State: _____ Pin: _____

Tel: _____ Fax: _____

Email: _____

2. Status of Registration (Copy of certificate to be enclosed as proof)

3. Recognition / empanelment by :

- a. AICTE
- b. National Skill Development Authority
- c. State Govt. / UT Administration

4. Infrastructure support available for HSR Programs

a) Class room (s) _____
(with size and sitting capacity)

b) Computer Lab _____
(with size and no. of workstations)

c) Lab for Skin Care & Spa Therapy _____
(Size of lab & list of equipment)

In all cases, photographs to be attached.

In the absence of above infrastructure it may be explained as to how practical aspect of training will be taken care of.

5. Details of Regular Courses in similar and/or Tourism trades- with intake capacity.

6. Details of similar and/or Tourism related vocational training programme conducted during previous year(s) with intake. (Details to be enclosed)

7. No. of trained faculty engaged on regular and short-term basis or proposed to be engaged for training.

8. Placement details of students trained in similar and / or Tourism skill trades in last 2 years.
(Details to be enclosed)

9. Is the Institute / organization partner of NSDC (Proof to be enclosed).

10. Details of financial assistance applied/received from any other Ministry/Deptt. of Govt. of India for conducting Skill Development Courses in similar trades.

11. Details of contact person:

Name: _____

Designation: _____

Tel: _____ Mobile: _____

Email:

Stamp and Signature of the Authorized
Signatory of the Organization