

Form - PMKVY Training Partner Registration(Including Govt. Fees)

:: Contact Person Details ::

| | |
|------------|----------------------|
| Name * | <input type="text"/> |
| Address * | <input type="text"/> |
| Email * | <input type="text"/> |
| Phone No * | <input type="text"/> |

TRAINING PROVIDER DETAILS

| | |
|--|---|
| Name of the Organization * | <input type="text"/> |
| Type of the Organization * | <input type="text" value="- select -"/> |
| Date of Registration * (DD/MM/YYYY) | <input type="text"/> |
| Registration No | <input type="text"/> |
| Landline No | <input type="text"/> |
| Website | <input type="text"/> |

CONTACT DETAILS

| | |
|---------------------------|--|
| Name of The CEO/MD/HEAD * | <input type="text"/> |
| Gender * | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Gender |
| Designation * | <input type="text" value="- select -"/> |
| Mobile No * | <input type="text"/> |

| | |
|---|--|
| Email ID * | <input type="text"/> |
| Name of the Authorized Signatory * | <input type="text"/> |
| Gender * | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Gender |
| Designation * | <input type="text" value="- select -"/> |
| Mobile No * | <input type="text"/> |
| Email ID * | <input type="text"/> |
| Name of the Single point of contact(SPOC) * | <input type="text"/> |
| Gender * | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Gender |
| Designation * | <input type="text" value="- select -"/> |
| Mobile No * | <input type="text"/> |
| Email ID * | <input type="text"/> |

FINANCIAL DETAILS

| | |
|--|----------------------|
| Annual Turnover for the Financial Year 2017-18 * | <input type="text"/> |
| Annual Turnover for the Financial Year 2018-19 * | <input type="text"/> |
| Annual Turnover for the Financial Year 2019-20 * | <input type="text"/> |
| Permanent Account Number(PAN) * | <input type="text"/> |

ADDRESS DETAILS

| | |
|---------------|----------------------|
| Vill or At. * | <input type="text"/> |
|---------------|----------------------|

| | |
|------------------------------|----------------------|
| P.O * | <input type="text"/> |
| P.S * | <input type="text"/> |
| District * | <input type="text"/> |
| Sub District * | <input type="text"/> |
| Parliamentary Constituency * | <input type="text"/> |
| State * | <input type="text"/> |
| Pin No * | <input type="text"/> |
| Land Mark * | <input type="text"/> |

DOCUMENTS REQUIRED

Original Scan PDF Format

| | |
|---|--|
| Registration Certificate / Incorporation Certificate * | <input type="button" value="Browse..."/> No file selected. |
| PAN Card * | <input type="button" value="Browse..."/> No file selected. |
| Prove of Annual Turnover(Audit and Turnover Certificate) * (Last 3 Financial Year) | <input type="button" value="Browse..."/> No file selected. |
| Address Prove * Any One: Bank Statement, Electricity Bill (not older than 2 months),GST Registration, Incorporation Certificate, Provident Fund Registration Certificate, Registration Certificate, Rent Agreement+ Telephone/Electricity Bill, Telephone Bill (BSNL/ MTNL Only) | <input type="button" value="Browse..."/> No file selected. |

SPONSORED INFORMATION AND FINAL SUBMISSION

| | |
|-------------------------------------|---|
| Sponsor Present ? * | <input type="radio"/> Yes <input type="radio"/> No |
| IF Yes, Give the Sponsored Username | <input type="text"/> |

