



Dr. ABDULKALAM SEVAK SAMAJ COUNCIL OF VOCATIONAL AND RESEARCH TRAINING

An Autonomous Body Recognized by Government of India, New Delhi

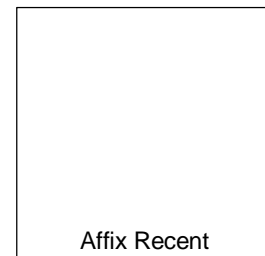
An ISO 9001:2015 Certified Council

Website : www.dassindia.org, E-Mail : dasscvrtgov@gmail.com, Mobile No. : 8248299794

Affiliation Form

Coordinator Details:

1. Name
2. Designation
3. Sex Male ☐ Female ☐
4. Qualification
5. Communication Details:
 - a) Phone No.
 - b) Mobile No.
 - c) E-Mail



6. Photo ID Proof : Driving License ☐ Voter ID ☐ Pan Card ☐
(Kindly Enclose a copy)

Institution's Details:

1. Name of Trust/Society
2. Name of Institution
3. Year of Establishment
4. Type of Institution Trust ☐ Society ☐
5. Post Address
-
- District State
- Pin Code
7. Communication Details.
 - a) Phone No.
 - b) Mobile No.
 - c) E-Mail
8. Premises Owned ☐ Rented ☐
9. Total area (in sqft)
10. Internet Type Leased Line ☐ Broadband ☐ Dial-up ☐
Available Resources Generator ☐ LCD Player ☐ Photo copier ☐

11. Staff Details

Enclose separate list of all staff member in following format

S.No.	Name	Qualification	Gender	Experience	Specialisation	Full/Part Time

12. Infrastructure Details

S.No.	Particular	Units	Area (in Sq.ft)
1.	Class Rooms		
2.	Library (Total Books)		
3.	Conference Hall		
4.	Administrative Area		
5.	Staff Room		
6.	Reception		
7.	Toilet		
8.	Other		

(Use separate sheet if required)

13. Number of Admissions Expected

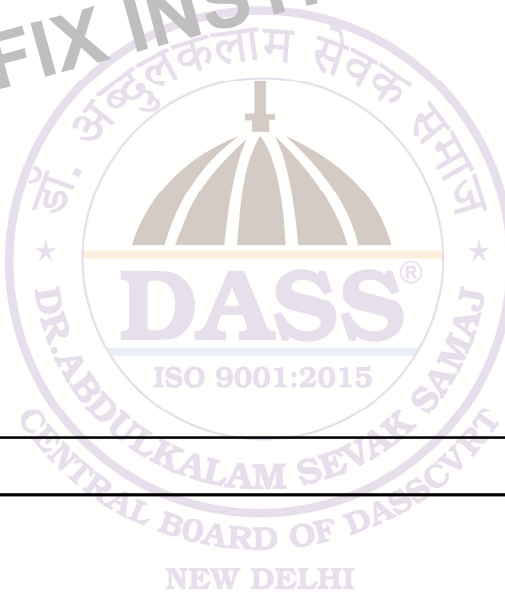
S.No.	Course	No. of Admission	S.No.	Course	No. of Admission

14. Photos to be Pasted:

SPACE FOR AFFIXING

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'

AFFIX INSTITUTION



AFFIX INSTITUTION

Declaration

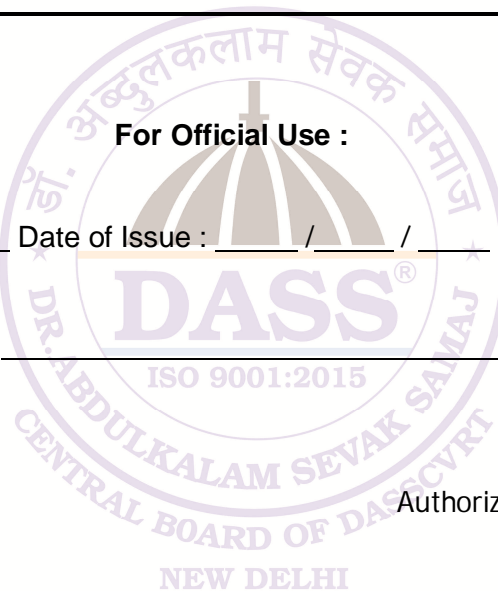
I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of DASSCVRT given time to time. I am ready to work under the control of the Managing Director, DASSCVRT. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

Coordinator Signature with Seal

For Official Use :

Allotted Centre Code : _____ Date of Issue : ____ / ____ / ____

Approved courses of the centre: _____



Authorized Person of TNSCVT - VTC

Affiliation Criteria

Any Educational Institution working for the development of Open and Distance Education can become a Study Centre of Dr Abdulkalam Sevak Samaj Council of Vocational and Research Training (DASSCVRT)

1. Copy of Registered Society/Trust/Council with registration number and date.
2. Rental Agreement or Land registration copy to show ownership of Land
3. Resolution copy of trust proposed and accepted by trust/society members in letter head.
4. Self-Declaration by the Coordinator in Rs.100/- non-judicial stamp paper.
5. Educational Qualification of President/ Chairman/ Trustee/Proprietor of Society/Trust.
6. Copy of Driving License/ Voter ID / Passport/ Aadhar Card of the President/Chairman/ Trustee/Proprietor.
7. PAN Card of the Coordinator
8. PAN Card of the Trust.
9. List of Teaching and Non-Teaching staff members.
10. Bio-data of all teaching Staff members.
11. Profile of the Institution in Letter head.
12. Layout of the Institution
13. Route Map of the Institution
14. Infrastructure facilities available for smooth conducting of courses-Details
15. Minimum of six photos showing location, outer view and inner view of the institution.
16. Three Passport Size photos of the coordinator
17. Affiliation process fee Rs.25,000/- demand draft. (DD in favor of Dr. Abdulkalam Sevak Samaj payable at Natarampalli).
18. The hard copy of this proposal can send by registered post/courier to Dr. AbdulkalamSevakSamaj Council of Vocational and Research Training, Central Program office # 4/267, Venkatesapuram Karumariyamman Kovil Street, Kottivakkam, Chennai – 600 041, Mobile No.8248299794.