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| APPLICATION FORM: **ACCREDITATION OF LEARNING SERVICE PROVIDER** | | |
| 1. | Applicant Learning Service Provider (including details of Virtual office, if any) | |
| a. | Name |  |
| b. | Head Office- address, email, telephone |  |
| c. | Branch Office(s) - addresses, email, telephone |  |
| d. | Website |  |
| 2. | Name of Head of the Applicant Learning Service Provider with designation |  |
| 3. | Details of Contact person | |
| a. | Name |  |
| b. | Tel No. |  |
| c. | Mobile |  |
| d. | Email |  |
| 4. | Application for (please mark (√) the appropriate status) | |
| a. | New Course Accreditation |  |
| b. | Re- accreditation |  |
| c. | Addition of Scope / Extension of Scope |  |
| 5. | Legal Status of the Organization (please mark (√) the appropriate status) | |
| a. | Public/Private/Government |  |
| b. | Company/ Partnership/ Proprietorship/ Registered Society |  |
| c. | Research/Academic Institute |  |
| d. | Industry Association |  |
| e. | Others (please specify and attach necessary evidence) |  |
| 6. | Date of Registration/Incorporation (DD/MM/YYYY):  Attach copy of certificate of incorporation/registration) | |
| 7. | Year of Establishment |  |
| 8. | Date of Start of operation |  |
| 9. | Services provided by the Learning Service Provider |  |
| 10. | Detail of Course applied for Accreditation ( use additional sheet, if more than 1 course) | |
| a. | Name/ Title of the course |  |
| b. | Mode of Delivery | Online/ Blended/ face to face |
| c. | Duration of the course |  |
| d. | Number of Batches Completed |  |
| e. | Course Affiliated | Yes/ No |
|  | If, yes details of affiliation and Affiliated since |  |
| f. | Details of course curriculum design |  |
| g. | Details of Statutory and Regulatory requirement related to Course applied for accreditation |  |
| 11. | Following documents need to be enclosed with application | |
| a. | Details of Training imparted (Sector/ Domain) |  |
| b. | Total No. of participants trained so far |  |
| c. | Detailed break up (Year wise and scope wise) as per table below |  |
|  | |  |  |  |  | | --- | --- | --- | --- | | **S. No.** | **Areas in which training imparted** | **Year** | **Duration with dates** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| 12. | Other services provided by Learning Service Provider |  |
| 13. | Is Learning Service Provider affiliated with any Regulatory Body?  If YES, please mention the following:  **(Note: Attach affiliation certificate)** | |
| a. | Name of the Body (s) with which affiliated |  |
| b. | Affiliation No. and validity |  |
| c. | Year of affiliation |  |
| 14. | **Organization structure** (with details of locations/ associates etc) | |
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| 15. | **Academic Facilities**  Summary of personnel involved in training program – | |
| a. | In house Faculty |  |
| b. | Empaneled/ Visiting Faculty |  |
| c. | Administrative staff |  |
| **(Note: Attach list of proposed faculties with their CV)** | | |

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| **S. No.** | **Name** | **IH/**  **Emp** | **Educational**  **Qualification** | **Training Certificates, if any** | **Scope of faculty** | **Experience in Training**  **(Years** | **Industry Experience**  **(Years)** |
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| 16. | Do the Learning Service Provider comply with regulatory norms for health and sanitary conditions, drinking water and fire safety? | Yes/No (Pl attach relevant documents)  Attach copy of Fire NOC ( if applicable) |
| 17. | 1. **Does Learning Service Provider has outsourced any activity** | **If yes; Details of same to be attached.** |
| 18. | **Other Relevant Information** | |
| a. | 1. Does the Institution receive any grant from Govt. of India / State Government / Union Territory or any other source? (Attach- Details of grants received in last 3 years. |  |
| b. | 1. Summary of Audited financial reports (last 3 years) or as applicable |  |
| 19. | **Fee Payment** | |
|  | Please find enclosed the Demand Draft/ Cheque (Delhi only) no……………………. for Rs………………………….. dated ………………. drawn on……………….in **favour of Quality Council of India,** payable at New Delhi towards the application fees | |
| 20. | **Documents to enclosed:** | |
|  | |  |  |  | | --- | --- | --- | | **S. No** | **Document** | **Yes/No** | | 1 | Corporate Brochure |  | | 2 | List of Trainers with their resumes |  | | 3 | Schedule of Courses (for next six months) |  | | 4 | Copy of the Course Material |  | | 5 | Examination Paper (Sample) |  | | 6 | Case Studies |  | | 7 | Certificate and letter of attendance proposed to be issued to participants |  | | 8 | Any supporting notes/ Tutor Material/ Instructions etc. |  | | 9 | Self-Assessment Checklist with supporting documents |  | | 10 | Registration Certificate of Learning Service Provider |  | | 11 | Copy of PAN Card |  | | 12 | Copy of GST |  | | 13 | Copy of ITR Return (as applicable) |  | | 14 | Relevant Certificate of Health, Sanitary, drinking water and fire safety documents |  | | 15 | Any other documents related to Learning Service Providers system for learning services |  | | |

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| 21. | **Declaration** |
|  | I have carefully read all NABET guidelines for accreditation of Learning Service Provider. The eligibility criterion including academic as well as professional qualifications and experience claimed by all the candidates whose resume are enclosed with the application form are verified and endorsed by me. I hereby confirm that the true copy of Marks Sheets/Certificates for essential educational qualification candidates proposed, if asked for by NABET, would be duly verified by me before submission. I confirm that the information provided in the application form is correct to the best of my knowledge and belief.  I authorize NABET to make any enquiry as deemed fit as part of the reviewing process. I understand that in case any information is found to be incorrect; it may result in rejection of this application and/or disqualification.  NABET will treat the documents submitted by accredited Learning Service Provider in confidence. However, the same may be used by NABET for research purpose, legal requirement and others. Such information will not be shared with any other organizations without written permission of the accredited Learning Service Provider.  If accredited, Learning Service Provider commits to abide by the conditions of accreditation, appropriate use of NABET accreditation status and accreditation mark and notify NABET immediately for any changes in the status, which have bearings on accreditation of the Learning Service Provider.  Signature:    Name (authorized signatory):  Designation:  Date:  Place: |