



தமிழ்நாடு மாநில தொழிற்கல்வி நிறுவனம்

A RUN BY TN PROFESSIONAL EDUCATION SOCIETY / TNSCPE EDUCATIONAL PVT.LTD.,

Registered by Government of Tamilnadu & India

ADDRESS: No: 15, Avvaiyar Government Girls, Higher Secondary School , Opp, Dharmapuri 636 701.

EMAIL ID: tnscoe@gmail.com

WEBSITE: www.tnscoe.in

CONTACT NO: 9600487091

AFFILIATION FORM

coordinator details:

1. Name
2. Designation
3. Gender Male ☐ Female ☐
4. Qualification details:
5. Communication details:
 - a) Phone no
 - b) Mobile no
 - c) E-mail
6. Photo ID Proof: Driving License ☐ Voter ID ☐ Pan Card ☐

Affix Recent
Passport size
photo of the
coordinator

(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 ☐ MSME ☐
5. Postal Address
- District State
- Pincode

7. Communication Details.

- a) Phone No
- b) Mobile No
- c) E-Mail
8. Premises Owned ☐ Rented ☐
9. Total area (in sq.ft)
10. Internet Type Leased Line ☐ Broadband ☐ Dial-Up ☐
Available Resource Generator ☐ LCD Player ☐ Photo Copier ☐

TNSCPE COURSES APPLIED FOR APPROVAL

S.No	Course Title	Duration	Course Code (to be entered by NCVTC)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

BANK ACCOUNT DETAILS

Account Name:	
Bank Name & Branch:	
Account No:	
IFSC Code:	

DOCUMENT CHECKLIST

SL.NO	Document name	Y/N
1	Formal request letter for affiliation in institution letter pad with official seal	
2	Registration / incorporation / deed / memorandum certificate of the organization	
3	PAN card copy	
4	Updated cv of the faculty members	
5	Syllabus of the courses applied for affiliation	
6	Space allocation (floor plan layout) of the head office / registered office	
7	Indian non judicial stamp paper worth rs.200 purchased in institution name/ director name)	

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I will abide the rules and regulations / instructions prescribed by TNSCPE and there of TP. If any deviations noticed in my ATC in following the norms prescribed, I accept the cancellation of affiliation at any time. I am also aware that, all the fees paid for affiliation is non-refundable under any circumstances.

Place:

Date:

Signature

office Seal

To

Date:

THE DIRECTOR,
TAMILNADU STATE COUNCIL OF PROFESSIONAL,
EDUCATION- DHARMAPURI,
TAMILNADU,
INDIA.

SUB: Application for PTC/PTC of TNSCPE at..... request:

Dear Sir/Madam,

We, here by submitting the application from for new authorized training center (ATC) of TNSCPE. We certify that we have very well understood our responsibilities and the implications of the scheme. We undertake to follow all the instructions issued by the TNSCPE from time to time. We assure to follow all the rules and regulations, terms & conditions of TNSCPE. We further assure you that we will try our level best to provide quality education to fulfill the objectives of the TNSCPE. Hence, we request you to allot me an authorized training center after going through

Necessary formalities. Thanking you,

Authorized Signatory of the Institution

(Society/Trust/Company) Name:

Designation.....

Signature & Seal with date:

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 TNSCPE given time to time, I am ready to work under the control of the Managing Director, TNSCPE. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete. Payment once paid not refundable.

Coordinator Signature with Seal

For Official Use:

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

Approved courses of the center:

INDIAN BANK, DHARMAPURI.
TNSCPE EDUCATIONAL PVT. LTD
ACCOUNT NO : 7760213311.
IFSC CODE :IDIB000D016.
GPAY NO : 9600487091