



An ISO 9001: 2008 Certified Organization

ATC DATA SHEET

- 1. Name of the Institute :
- 2. Address :
- 3. Phone Number :
- 4. E-mail ID :
- 5. Name of Authorized Person :
- 6. Educational Qualification :
- 7. Work Experience :

DETAILS

| S.N O | Duration | Name of the Institution | Designation |
|----------|----------|---|-------------|
| 1 | | | |
| 2 | |We Provide Quality with Commitment | |
| 3 | | | |

If already running a center

- 1. Name :
- 2. Place :
- 3. District :
- 4. State :
- 5. Date of Establishment :
- 6. Address of the institute :

Dist: _____ Pin: _____

Phone: _____ Mobile: _____



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7. E-mail : _____

8. Existing Courses : _____
 : _____
 : _____
 : _____

9. Systems Details :

| SYS. NO | SYSTEM CONFIGURATION | Available Software |
|---------|----------------------|--------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |



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10. Staff Particulars:

| S. No | Name of the Employee | Qualification | Designation | Experience |
|-------|----------------------|---------------|-------------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

11. Existing No. of students :

12. Center Details :



1. Prospective city/Town :

2. Proposed Location :

3. Available area in SFT :

4. If the proposed center would be on proprietor or on partnership basis or a private limited firm

If partnership, Name of partners

1.

2.



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DECLARATION

I _____

S/o

Responsible office bearer of _____

hereby declare that I have gone through the TSDS scheme and have understood the provisions of TSDS Authorized Training center(ATC) and I agree to abide by them.

Signature:

Name:



Designation:

Place :

Date :