Woman Empowerment Mission
महिला सशक्तिकरण मिशन

Registered under
Ministry of MSME-Government of India

ATC Application Form

Name of the Center					
Postal Address		Location			
		Town		District	
		State		Pin code	
Phone Numbers	1)		E-mail		
	2)		Website		

Director's Information:

Name of the Director			
Postal Address		E-mail	
		Resi.number	
		Mobile	
Experience in the Education/Skill Development field (Give details)			

Institution information:

Programmes Interested					
Number of Teaching faculties		Number of non-teaching faculties			
Presently providing courses					
Number of computers available:					
Number	Configurations				
Printer		Type			
Scanner		Type			
UPS		Capacity			
Internet connection is available (Y/N)		Number of students in present			
Building status (Rented/Owned)		Lab space (in sqft.)			
Total space available for training center (in sqft.)		Theory class (in sqft.)			
Franchised to any other firm (give details)					

I hereby state that all the given particulars are correct and complete to the best of my knowledge and belief. I request you to grand Woman Empowerment Mission's approval to work as Authorised Training Centre.

Place:
Date: Center seal Signature of the Director.

For Office use)

Comments of the Marketing Executive:

Name & Signature

Admin. Office Use

Application Received date		Valued by	
Inspected on		Inspection status	
Affiliation starts from		Center code	

Date: Signature of Regional Director