

Appendix -IV

1.Name of Applicant Agency:

2.Address of Agency:

3 SPOC Name, Mobile and e-mail ID :

4 .Registered TP ID in SMART:

Name of Department/Agency , TSP/TP empaneled with (Attach supporting documents):									
Total no of Training and Placement under PMKVY (CSCM) /SJKVY/DDUKK in last year (Attach supporting documents eg. Work Order/ Payment)					No of Training:				
					No .of Placement:		% of placement:		
Sl No	Address of Training Centers	TC ID	Date of LoR issued from SMART reg. deemed ready status	Deemed ready status with Rating (Attach Documents)	Centre Accreditation & affiliation Validity Date	Recommended & Approved Sectors /Job roles in SMART	QP wise Training Capacity of each centers till December 2019	Tentative date of commencing training at Centre.	
1									
2									

3								

For and on behalf of:
Signature:

Name:

Designation:
(Authorized Representative and Signature)

Date:

Place: