सरदार वल्लभ भाई पटेल युवा उद्यमी उन्मुखी योजना (SVBPYUUY)
{ENTREPRENEURS FROM ENTREPRENEURSHIP DEVELOPMENT PROGRAMME}
(MANDATORY FOR ALL INSTITUTIONS)

Name of the Director / Head of the Institution: _____

Mobile No: _____ Land Line No (with STD): _____ Designation: _____

E-mail: _____ Website: _____

Institution Reg. No.(PI/TI/RCI/SPA/School/College/University)

Training Center Informa

Training Centre Name: _____

Approval Number (Mandatory)- _____

Geographical Location: ☐ Rural Location   ☐ Urban Location

Center Faculty Type:

Centre Ownership: ☐ Franchise   ☐ Self Run

O School   O College   O Onsite

Training Center Type: ☐ Rented   ☐ Owned

EJ Corporate Premises   ☐ Others

Infrastructure Details

Centre Area(In Sq.Ft) _____

Candidate wise centre Capacity: _____ Number of Training Rooms _____

Number of Labs _____ Number of Male Washroom _____

Number of Female Washroom _____ Number of Unisex Washroom _____

Total Number of Washroom _____ Distance from Nearest airport (In Kms) _____

Distance from Nearest Train station (In Kms) _____ Distance from City Centre (In Kms) _____

Address: _____
_____

Near by Landmark _____ PIN Code: _____

State _____ District _____ Tehsil/Mandal/Block: _____

City/Village/Town: _____ Parliamentary Constituency: _____ Geo Location _____

Facilities Available at the Centre

Facility	Yes	No	Facility	Yes	No
Internet Connectivity	☐	☐	Av Video Con Facility	☐	☐
Staff Room	☐	☐	Library	☐	☐
Cafeteria / Dining Room	☐	☐	Physically Disabled Friendly	☐	☐
Parking Facility	☐	☐	3 Phase Power Connection	☐	☐
Power Backup Facility	☐	☐	Counselling Room / Placement Cell	☐	☐
Reception availability	☐	☐	First Aid Kit Availability	☐	☐
Fire Safety Equipment	☐	☐	CCTV Facility	☐	☐
Biometric Trainee Attendance	☐	☐			

Name of The SPOC * _____

Email Address * _____

Mobile Number * 1._____ 2._____

Designation _____

*Landline Number(with STD Code): _____

Declaration

I hereby declare that details and information provided by me herein are true.

Applicant's Signature _____

Applicant's Name_____Date:____ f __ f ____

EFEDP TARGET DETAILS

SPA: 150		SPA:300		RCI(School/College):500		TI:1000		PI/University 2000	

Institution Name_____

District_____ State_____ Pin Code _____

ENCLOSURES

+ Complete Application Form With Visiting Card

t Photographs (Rooms/Labs/Front Office/ Building Front)

t Center SPOC Photograph

+ Internet Bill

t Fire Safety Equipment Proof

t First Aid Kit availability Proof

t Center Address Proof

☐ Bank Statement   ☐ GST Registration

☐ Electricity Bill (Not Older than 2 months)   ☐ Incorporation Certificate

☐ Provident Fund Registration Certificate   0 Registration Certificate

☐ Rent Agreement + Telephone/Electricity Bill   ☐ MoU/Agreement
(Not Older than 2 months)Telephone Bill (BSNL/MTNL only)

Note: All the Above Enclosures are Mandatory. Submit at the time of along with Application form.

FOR H.O. USE ONLY

Comments:

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