



An ISO 9001 : 2015 Certified

Central Board of Vocational Skill Development

Your Dream, Our Mission

UNIT OF ONEMA FOUNDATION (CIN - U85300WB2022NPL253980)

Approved By MCA (Govt. Of India)

www.CBVSDINDIA.com

AUTHORIZED TRAINING CENTRE APPLICATION FORM

☐ Select Plan :- 1.Stater ☒ 2. Basic ☐ 3. Standard ☐ 3.Premium ☐

❖ Name of Centre Institute:-

❖ Establishment Year:-

Institute Address

- Village -
- State -
- Post Office -
- Pin Code -
- Police Station -
- District -
- City -
- Email -
- Phone No -
- WhatsApp No -

Centre Office Details

- ◆ Number of Machine -
- ◆ CCTV Available -
- ◆ Power Backup Available -
- ◆ Number of Reception Room -
- ◆ Broadband / Internet Available -
- ◆ Student Seating Capacity -
- ◆ Big Screen Monitor / TV -
- ◆ Number of Room -
- ◆ Projector -

Office Faculty Member

SL No	Name of Employee	Qualification	Email Id	Need Login Id
1				
2				
3				
4				

Payment Details

- ☐ Amount of Plans In Word
- ☐ Payment Date Payment By
- ☐ Transaction / Ref. No -

Date -

Sign. Of Director / Principal



+91 9932041815
+91 9800619561



centralboard.ho@gmail.com
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Centre Principal Profile Information

Name of The Centre Director / Principal :-
 Email -
 Gender-
 Marital Status -
 Religion -
 Experience -
 Qualifications –
 Date of Birth -

Aadhar Card No -
 PAN Card No -

Principal Photo

Contact Details

- | | |
|--------------------------|--------------------|
| • Village - | • State - |
| • Post Office - | • Pin Code - |
| • Police Station - | • District - |
| • City - | • Email - |
| • Mobile No - | • WhatsApp - |

3 Same Signature Place on Student Certificate

Full Signature	Short Signature 1	Short Signature 2

Head Office Use Only

- | | |
|---|--|
| ◆ Online Registration No - | ☐ TC Code - |
| ☐ Date of Registration - | ☐ Registered Plan - |
| ☐ Received Payment - | ☐ Payment Method - |

Signature of The Register

Signature of Project Manager



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