



NATIONAL BOARD OF VOCATIONAL AND PROFESSIONAL EDUCATION (UNDER AEGIS OF SHARON MEDICAL ADVANCEMENT AND RELIEF TRUST(SMART))

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*REGD. BY GOVT. OF AP, UNDER THE INDIAN TRUST RN ACT 1908, NO.BKIV287/2006, DT.31-05-2006.

*REGD BY GOVT OF INDIA UNDER NITI AAYOG, NGO DARPARAN UNIQUEID,AP/2020/0256229,DT.03-02-2023.

REGISTERED WITH THE MINISTRY OF MSME GOVT. OF INDIA, UDYAM R.NO.UDYAM-AP-23-0028517,DT.10-09-2024.

*REGD BY GOVT. OF AP, UNDER LABOUR DEPT ACT 2015, SECTION.2(D)&(2). NO.AP-23-11-017-04042845, DT.19-08-2025.

REGISTERED WITH THE DEPARTMENT OF INCOME TAX, PAN.NO.AAZTS2375K AND TAN.NO.VPNS24395A, DT.16-02-2023.

REGD. BY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT GOVT. OF INDIA UNDER E-ANUDDAN.NGO .ID- AP/00032249, GOVT OF INDIA

REGD. BY THE MINISTRY OF LABOUR AND EMPLOYMENT GOVT. OF INDIA UNDER NATIONAL CAREER SERVICES.ID-NO.P20J86-0121453252680.

Affiliation Form

Coordinator Details:

1. **Name**

2. **Designation**

3. **Sex** **Male** **Female**

4. **Qualification**

5. Communication Details:

a) **Phone No**

b) **Mobile No**

c) **E-Mail**

Affix Recent
Passport Size Photo
of the Coordinator

6. **Photo ID Proof: Driving License** **Voter ID** **Pan Card**

(Kindly Enclose a copy)

Institution's Details:

1. **Name of Trust/Society**

2. **Name of Institution**

3. **Year of Establishment**

4. **Type of Institution** **Trust** **Society**

5. **Postal Address**

District **State**

Pin Code

7. Communication Details.

a) **Phone No**

b) **Mobile No**

c) **E-Mail**

8. **Premises** **Owned** **Rented**

9. **Total area (in sqft)**

10. **Internet Type** **Leased Line** **Broadband** **Dial-up**

Available Resources **Generator**

LCD Player

Photo copier

11. Staff Detail

Enclose separate list of all staff member in following format

12. Infrastructure Details

S.No	Particular	Units	Area (in Sq.ft)
1	Class Rooms		
2	Library (Total Books _____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

13. Number of Admissions Expected

S.No	Course	No. of Admission	S.No	Course	No. of Admission

14. Photos to be Pasted:

SPACE FOR AFFIXING

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'



Declaration

I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of NBVPE given time to time. I am ready to work under the control of the Managing Director, NBVPE. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

Coordinator Signature with Seal

For Official Use:

Allotted Centre Code : _____ Date of Issue: _____ / _____ / _____

Approved courses of the centre: _____

Authorized Person of NBVPE

Affiliation Criteria

Any Educational Institution working for the development of Open and Distance Education can become a Study Centre of National Board of Vocational and Professional Education (NBVPE).

- 1. Copy of Registered Society/Trust/Council with registration number and date.**
- 2. Rental Agreement or Land registration copy to show ownership of Land**
- 3. Resolution copy of trust proposed and accepted by trust/society members in letter head.**
- 4. Self-Declaration by the Coordinator in Rs.100/- non-judicial stamp paper.**
- 5. Educational Qualification of President/ Chairman/ Trustee/Proprietor of Society/Trust.**
- 6. Copy of Driving License/ Voter ID / Passport/ Aadhar Card of the President/ Chairman/ Trustee/Proprietor.**
- 7. PAN Card of the Coordinator**
- 8. PAN Card of the Trust.**
- 9. List of Teaching and Non-Teaching staff members.**
- 10. Bio-data of all teaching Staff members.**
- 11. Profile of the Institution in Letter head.**
- 12. Layout of the Institution**
- 13. Route Map of the Institution**
- 14. Infrastructure facilities available for smooth conducting of courses-Details**
- 15. Minimum of six photos showing location, outer view and inner view of the institution.**
- 16. Three Passport Size photos of the coordinator**
- 17. Demand draft favouring Sharon Medical Advancement and Relief Trust, Tirupati.**