



DR APJ ABDUL KALAM SKILL INDIA MISSION

AFFILIATION FORM

Name of the Applicant _____

Name of the Institution _____

Institution Address _____

State _____

Sub Division _____ Pin Code _____

Mobile Number _____

Email ID _____

Do you have experience in this field ? _____

In which category, you want to run the course _____

Name of the Courses _____

Other Courses _____

Details regarding Class Rooms and Facilities _____

I hereby accept all the terms and conditions of

Correspondent

Note: The following documents to be enclosed

Affiliation Fees: Rs.25000

Rs.50 Agreement Plain Bond (2 Nos with Institution Name or Correspondent Name of MOU)

Your Building Agreement, if rental building, rental agreement

Photograph of Infrastructure like building, Class room and other facilities

Correspondent Photo 2 nos (Passport Size)

AADHAR Card Photostat