Training Center Information Form

Instructions for filling up the form

All the fields are mandatory.
The information can either be typed or written in clear legible handwriting.
Please fill up this form for each Training Center.
Training Provider will be responsible for the correctness of the information provided in the report.
Any wrong information may lead to the cancellation of the Training Centre and decision of FICSI will be final in this regard.
FICSI reserves the right for physical verification of the Training Centre.

Training Centre Information

Training Provider Name:

Training Center Name:

Training Center SPOC (Single Point of Contact) name:

Training Center SPOC (Single Point of Contact) Email Address:

Contact number of SPOC (Single Point of Contact): Land Line (with STD Code): ……

Mobile: ……..

Training Center Phone Number (with STD Code):

Training Center Complete Address (with Pin Code): ……

……

……

Training Center present on which floor:

Major Landmark near the Training Center:

Type of center (Please tick any one):

☐ **Owned** ☐ **Franchise**

If Franchise, name of the Franchisee Partner: ……

(Attach photocopy of the Franchise Agreement)

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Type of center (Please tick any one):

☐ **Fixed** ☐ **Mobile**

Job role/s to be taught at this particular centre (Mention the QP code/s):

1.	**2.**	**3.**	**4.**	**5.**
6.	**7.**	**8.**	**9.**	**10.**

Type of training conducted on center (Tick as Applicable):

Self-funded:	☐ **Yes**	☐ **No**
NSDC:	☐ **Yes**	☐ **No**
STAR:	☐ **Yes**	☐ **No**
MoRD:	☐ **Yes**	☐ **No**
State govt. funded schemes:	☐ **Yes**	☐ **No**
Other central govt. schemes:	☐ **Yes**	☐ **No**

Usable area of the Training Center [in Sq. ft.]:

Number of Classrooms:

Number of Floors:

Labs/Workshops/Simulators (Please specify the number):

Brief about the Center

(Mention 5-6 lines about the center including its good and bad points; areas of improvement)

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Pictures of the Center

(Please paste current color photo in the space provided below)

Picture 1: Approach Road

Picture 2: Outside of Classroom

Picture 3: Inside of Classroom

Picture 4: Labs/Workshop

Picture 5: Building

Kindly provide the transaction ID made towards the centre verification fee (if already deposited):

Office Use

(For Food Industry Capacity and Skill Initiative use only)

SSC Information

Name of SSC: Food Industry Capacity and Skill Initiative (FICSI)

Name of the Validator:

Contact number of the Validator:

Date of Validation [mm/dd/yy]: ……/……/…….

Signature of the Validator:

Validated/Approved:

Comments of the Validator