



Jawaharlal Nehru National Youth Computer Academy

An Autonomous Body/Institute Regd. under Trust Act, Govt. of W.B.

Based on Indian Trust Act-1882 (Regd.No.IV-190200196/2023) Govt. of India.

An ISO 9001:2015 & ISO 21001:2018 Certified Organization.

Pledge Certified under NHRC, CVC, Govt. of India.

An Institutional member of NITTSD, AICTSD, NCCI/CSI, Regd. under NITI AAYOG, Govt. of India.

Regd. Under NCT New Delhi, C.R. Act. 1957 & MSME Govt. of India.

Application For New Authorized Training Centre

Date:

Place:

To
The Chairman
Jawaharlal Nehru National Youth Computer Academy
West Bengal

Sub: Application for New Authorized Training Centre of JNNYCA at.....

Respected Sir / Madam

I from Head

of I want to be an ATC member, Training Program of

JNNYCA at Dist.

for the year to and also went to conduct your education and

training programs in my Institution, I furnishing the details of my Training Institute as per your

instruction encloses herewith. I will follow all rules and regulations of our organization (JNNYCA).

I will invite you in my institute for inspection and verification purpose.

I request you to accept my application, as an ATC member as per as your official procedure.

Thank You

Yours Faithfully

Signature & Seal, Head of The Institute

Name of Institute

Note: Please Enclose Address Proof, I.D. Proof, Two Stamp Size Photos, Rental Agreement of Institute, Registration of Society / Trust Registration (If Any of Them) / Trade License.

APPLICATION FORM FOR [ATC]

1. Information about Head of Institute (USE BLOCK LETTERS ONLY)

Name																					
Date of Birth																					
Designation																					
Educational Qualification																					
Postal Address																					
																PIN No.					
P.S.											P.O.										
Mobile No.																					

2. Institute Details (USE BLOCK LETTER ONLY)

Name of The Institute														
Postal Address														
										PIN No.				
Telephone No.										Mobile No.				
Email Id.														
Date of Establishment														
Status of Institute (Society/ Trust / Any Other) <input checked="" type="checkbox"/>														

3. Courses Details for Applied : (USE BLOCK LETTER ONLY)

- 1.
- 2.
- 3.
- 4.

4. Infrastructure of the Institute

- [illegible]

5. Information About Faculty (As on Date of Application)

Sl No.	Name	Designation	Qualification	Date of Appointment
1.				
2.				
3.				
4.				
5.				
6.				

Any Other _____

Signature & Seal, Head of The Institute

Name of Institute

Address

I declare that the information given above is true to the best of my knowledge and I am willing to abide by the rules and regulations set by JNNYCA.

For Head Office Use Only

Form Receiving Date

Authorized Signature

Centre Code No

Processing FeesCash/Check/Online.