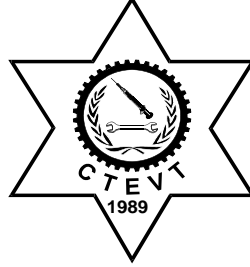


**Council**  
For  
Technical Education and Vocational Training



Application Form  
For  
TSLC Programs

**Name of the School:** \_\_\_\_\_

**Name of the programme:** \_\_\_\_\_

<b>Name:</b> _____	<b>Office Stamp</b>
<b>Signature :</b> _____	
<b>Date :</b> _____	
<b>Phone N. :</b> _____	

## 1. NAME AND ADDRESS OF THE INSTITUTION

a) Name:-

(b) Address:- District:-

• Ruler /Municipality:-

• Ward No:-

• Tole:-

• Telephone No:-

• Fax:-

• Email:-

(c) Contact/Chairperson/ Head teacher:-

• Name:-

• Address:-

• Phone:-

• Email:-

(d) Legal status of the Institute:-

• Public:-

• Trust :-

• NGO/INGO:-

• Cooperative:-

• Pvt. Limited:-

• Private:-

## 2. DESCRIPTION OF TRAINING FACILITIES

### (a) Infrastructure: -

#### Land:-

S.No.	Name of land Owner	Location of Land	Kitta No.	Area (Ropani/Bigah)	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
<b>Total Area</b>					

#### Building:-

S.No.	Name of Owner	Number of building	Number of Room	Legnth	Bredth	Area of land	Remarks
1.							
2.							
3.							
4.							
5.							
6.							
7.							

### (b) Hostel facilities :-

S.No.	Name of Owner	Number of building	Number of Room	Legnth	Bredth	Area of land	Remarks
1.							
2.							
3.							
4.							
5.							

Application form प्रतिलिपीको रूपमा दर्ता नहुने व्यहोरा जानकारी गराईन्छ ।

### 3. Instructional and Administrative Staff (Available for the Institute)

#### (a) Instructional:-

S.No.	Name	Designation	Qualification	Experience	Full time/ part time	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

#### (b) Administrative Staff:

S.No.	Name	Designation	Qualification	Experience	Full time/ part time	Remarks
1						
2						
3						
4						
5						
6						

### 4. School Management committee (For the proposal program):

S.No.	Name	Designation	Qualification	Experience	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

## 5. Promoters (if Necessary)

S.No.	Name	Designation	Qualification	Citizenship Number	Percentage of share	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Total Share

Total Amount of Investment:-

## 6. Budget (For the proposed institute):

### (a) Income:-

S.No.	Heading	Amount per year	Remarks
1.			
2.			
3.			
4.			
5.			
<b>Total</b>			

### (b) Expenditures:-

S.No.	Heading	Investment cost	Running cost	Total cost	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
<b>Total</b>					

Application form प्रतिलिपीको रूपमा दर्ता नहुने व्यहोरा जानकारी गराईन्छ ।

**7. AREAS OF FIELD PRACTICE : (if applicable)**

**(a) Practical:-**

- Name and address:-

..... ..... ..... ..... ..... ..... ..... .....
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**(b) OJT:-**

- Name and address:-

..... ..... ..... .....
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- Issue date of agreement letter:-

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**8. प्रस्तावना (Proposal) मा तल उल्लेखित बुंदाहरुमा स्पष्ट रुपमा उल्लेख भएको हुनु पर्नेछ ।**

1. ंस्थाको परिचय
2. उद्देश्य
3. ंस्थाको भावि कार्य योजना ।
4. प्रयोगात्मक प्रशिक्षण गराउने ंस्थाको हमति तथा स्फौता पत्र ।
5. Purpose/objectives of the program
6. Program sponsor/donor (if any)
7. Description of need met by the training program
8. How and when were the need assessed/identified
9. Target population
10. Number of graduate per year anticipated
11. Length of the program
12. Master plan
13. Budget
14. Recommendation Letter from Local Authority

य प्रस्तावना बमोजिमको कार्यक्रम ंचालनको लागि पूर्वाधार तयारीको स्वीकृत प्राप्त भएमा पूर्वाधार निर्देशिका बमोजिम पूर्वाधार तयार गर्न मन्जुर छौं ।

ंस्थाको तर्फबाट

नाम : .....

पद : .....

ही : .....

मिति : .....