





ISO 9001: 2008 Certified Organisation

### Details of the Head of the Institute

S.No.	Name	Designation	Qualification	Experience
1				
2				

### Details of the Faculty Staff

S.No.	Name	Designation	Specialization	Qualification	Experience	Part Time/ Full Time
1						
2						
3						
4						
5						

### Infrastructure Available

S.No.	Particulars	Size (Sq. Ft.)	Carpet Area (in Sq. Ft.)	Unit
1	Reception / Counseling Room			
2	Theory Class Room			
3	Computer Lab			
4	Library			
5	Visiting Area / Open Space			
Total Area in Sq. Ft.				

### Details of the Furniture & Fixtures Available

S No.	Particulars	Quantity (Nos.)
1	Computer Tables	
2	Computer Chairs	
3	Class Room Chairs	
4	White Board / Black Board	
5	Projector	
6	Others (Specify)	

### Head Office:-

SCF - 6, Model Town, Opp Pahwa Hospital

Fatehabad - 125050

Cont. 9996631114, 9996001976

Web Site [www.nisd.edu.in](http://www.nisd.edu.in)

Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)



## Books Available in Library

S.No.	Name of the Books	Author's Name	Syllabus Covered	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10.				

## Computer & Peripherals

S.No.	Computer Type	Configuration of System	Quantity
1			
2			
3			
4			
5			

Printer :                      Dot Matrix     Inkjet     Laser     All in One

Internet Connectivity :    Brodband     Cable     Wi-Fi     Other

## Software Available

S.No.	Name of Software	Version
1		
2		
3		
4		
5		

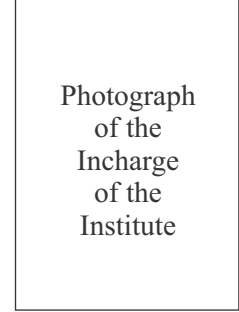
### Head Office:-

SCF - 6, Model Town, Opp Pahwa Hospital  
 Fatehabad - 125050  
 Cont. 99966311114, 9996001976  
 Web Site [www.nisd.edu.in](http://www.nisd.edu.in)  
 Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)



## PERSONAL FACT SHEET OF THE CENTER INCHARGE

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth :          
D D M M Y Y Y Y
4. Residential Address : \_\_\_\_\_  
City : \_\_\_\_\_ Teh . \_\_\_\_\_  
Distt : \_\_\_\_\_ State : \_\_\_\_\_  
LandLine No (With STD Code) : \_\_\_\_\_ Mobile : \_\_\_\_\_  
Email ID : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
City : \_\_\_\_\_ Teh . \_\_\_\_\_  
Distt : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_
6. Nationality : \_\_\_\_\_ Marital Status : Married  Unmarried
7. Academic Qualification :
- | S. No. | Standard | Stream | Board / University | Year of Passing | Percentage |
|--------|----------|--------|--------------------|-----------------|------------|
| 1.     |          |        |                    |                 |            |
| 2.     |          |        |                    |                 |            |
| 3.     |          |        |                    |                 |            |
| 4.     |          |        |                    |                 |            |
8. Investment Capacity (in INR/ USD) : \_\_\_\_\_ Approx.



## Documents Required

Kindly Attached the Following Documents along with the application form :

1. Copy of Address Proof (Telephone Bill/ Elec. Bill/ Licence of the Municipal Corporation) of the Institute.
2. Copy of Identity Proof (PAN Card/ Voter Card/ Driving Licence/ Passport/ Bank Pass Book/ Aadhaar Card).
3. Copy of Academic Qualifications.
4. One Passport Size Colored Photograph of Owner/ Proprietor/ Partners.
5. if Building on Rent/Lease then Latest Rent/Lease Agreement.
6. Clearly Shown Photographs of the Institute.

Head Office:-

SCF - 6, Model Town, Opp Pahwa Hospital  
Fatehabad - 125050

Cont. 9996631114, 9996001976

Web Site [www.nisd.edu.in](http://www.nisd.edu.in)

Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)



**INSTITUTE SNAPS**

1. Paste Photograph of the Building (Front View) in below mention box.

Affix 4x6 Photo Here

2. Paste Photograph of the Reception/ Counselor's Room  
in below mention box.

Affix 4x6 Photo Here

**Head Office:-**

**SCF - 6, Model Town, Opp Pahwa Hospital**

**Fatehabad - 125050**

**Cont. 99966311114, 9996001976**

**Web Site [www.nisd.edu.in](http://www.nisd.edu.in)**

**Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)**



INSTITUTE SNAPS

3. Paste Photograph of Theory Class Room in below mention box.

Affix 4x6 Photo Here

4. Paste Photograph of the Computer Lab in below mention box.

Affix 4x6 Photo Here

**Head Office:-**

SCF - 6, Model Town, Opp Pahwa Hospital

Fatehabad - 125050

Cont. 9996631114, 9996001976

Web Site [www.nisd.edu.in](http://www.nisd.edu.in)

Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)



INSTITUTE SNAPS

5. Paste Photograph of Library Photo in below mention box.

Affix 4x6 Photo Here

6. Paste Photograph of Center Head Cabin in below mention box.

Affix 4x6 Photo Here

**Head Office:-**

SCF - 6, Model Town, Opp Pahwa Hospital  
Fatehabad - 125050

Cont. 99966311114, 9996001976

Web Site [www.nisd.edu.in](http://www.nisd.edu.in)

Email - [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)



## UNDERTAKING

1. \_\_\_\_\_  
(Name & Designation)  
Partner / Proprietor / Owner of \_\_\_\_\_  
\_\_\_\_\_  
(Name & Address of the Institute)

Understood the RULES & REGULATIONS as of now & amended in future applicable to the Institute conducting National Institute of Skill Development &/ or its Collaborative Partners Courses explained in the Franchise Proposal for Affiliation and agreed to abide by the same.
2. I certify that I am the competent authority by virtue of the administrative and financial powers vested in me of the above mentioned Institute / Organization to furnish the above information's and to undertake the above stated commitment on behalf of my / our Institution.
3. I am aware that in case my information given by me is false or misleading, National Institute of Skill Development may in its sole discretion take whatever actions or measures it deems necessary and appropriate and the Institute would be debarred from the Affiliation.
4. I agree to abide by the rules & regulations and the decisions taken by the management of National Institute of Skill Development from time to time.
5. I further understand that, I have to register each and every Trainees/ Students studying at my/our Center at National Institute of Skill Development Head Office by paying the prescribed fee, failing which National Institute of Skill Development will have all the rights to take action.
6. In case of any dispute arising between National Institute of Skill Development & its Franchisee the Jurisdiction for all Legal purpose will be Fatehabad, Haryana, India Only.

 Send Above Documents at

National Institute of Skill Development  
SCF- 6, Model Town, Opp Pahwa Ortho Hospital,  
Fatehabad Haryana - 125050  
Contact 9996311114, 9996001976  
web site [www.nisd.edu.in](http://www.nisd.edu.in)  
Email: [nisdadmission@gmail.com](mailto:nisdadmission@gmail.com)