

**FORMAT FOR APPLYING / RENEWAL OF ACCREDITATION TO RUN NSQF  
ALIGNED COURSES**

(Cover Letter)

Date: \_\_\_\_\_

To,

**The Executive Director / Director / Director In-charge,  
NIELIT \_\_\_\_\_  
Address**

**Subject: APPLICATION FOR ACCREDITATION WITH NIELIT FOR  
CONDUCTING NSQF ALIGNED COURSES**

Dear Sir/ Madam,

I, the undersigned, hereby acknowledge that I have read and understood the requirements and conditions under the eligibility and continuation criteria mentioned in the Training Partner Handbook.

I represent \_\_\_\_\_ (*name of the applicant organization*) and have the legal authority to ensure commitment of my organization to uphold the requirements and conditions of NIELIT accreditation process for NSQF Courses (except CCC, O, A, B, C Level). I, the undersigned, will also ensure that the organization acts in accordance with the guidelines and procedures detailed in the Handbook.

Signed  
(Name and Designation)

On behalf of (name of the applicant agency)

### A. Basic Details

S. No.	Particulars	Details				
1.	Type of Applicant Institute	Government		Private		
2.	Institute Operational Area (Establishment)	Rural		Urban		
3.	Name of the Institution					
4.	Parent Company Name (if different)					
5.	Nature of legal entity (i.e. Company, Trust, Society, Partnership, Proprietorship etc.)	Company	Trust	Society	Partnership	Proprietorship
6.	Date of Establishment					
7.	Institute Address	Address				
		City		Pin Code		
		District		State		
8.	Institute Telephone Number					
9.	Institute Mobile					
10.	Institute Email Address					
11.	Institute Website URL					
12.	Current status of affiliation/ recognition/Accreditation etc: (if any)	Granting Body: Programs Affiliated: Date valid from: Date Valid To:				

### B. Contact persons of the Institute

1.	<b>Head of the Institute</b>	Name	
		Designation	
		Residence Address with pincode	
		Phone Number	
		Mobile No.	
		Email id	
2.	<b>Authorized Person to Deal with NIELIT</b>	Name	
		Residence Address with pin code	
		Designation	
		Phone Number	
		Mobile No.	
		Email id	

**C. Legal Status of the Institute (Attach Copies)**

<b>S. No</b>	<b>Particulars</b>	<b>Details</b>	<b>Copies Submitted (Yes/No)</b>
1.	Certificate of Registration OR Article of Incorporation OR Society/ NGO Registration Certificate OR Certificate from Bank showing details of Proprietor OR Any Other. (Please Specify) _ _____		
2.	MoA/Rules and Regulations OR Trust Deed OR Partnership Registration Deed OR Any Other. (Please Specify) ----- -----		
3.	Accreditation / Affiliation/ Recognition with NIELIT / AICTE/ State Technical Board/ University etc, if any. (Attach valid Certificate of Accreditation / Affiliation/ Recognition)		
4.	Number of proprietor / partners / Directors / Trustee, etc.(Attach detailed List)		
5.	Permanent Income Tax Account Number (PAN)		
6.	GST Registration		
7.	Authorization Letter mentioning details of authorized signatory of the institution along with and Signature to deal with NIELIT issued by the management of the institution		

**D. Prior Experience in Training Activities, if any**

<b>Year</b>	<b>Name of the courses Offered</b>	<b>Number of batches trained</b>	<b>No. of Candidates Enrolled</b>	<b>No. of Candidates Certified</b>	<b>No. of Candidates placed</b>	<b>Name of the Employers, where candidates were placed</b>


**E. Faculty Details**

Name	Designation	Qualifications	DoB	Date of Joining the Institute	Total Experience	Details of ID type / ID No	Attach Resume, Photograph and Copy of ID (Yes/No)

**F. Building Infrastructure Details (Attach Copies/ Photographs)**

S. No	Particulars	Details	Details/ Photos Submitted (Yes/No)
1.	Rent/ Lease agreement, Specify date of validity		
2.	Title Deed of the premises, if Owned premises		
3.	Total institute Area (in Square Meters)		
4.	Total number of Class Rooms		
5.	Class Room Seating Capacity		
6.	Total number of Labs		
7.	Lab Seating Capacity		
8.	Washroom for Male		
9.	Washroom for Female		
10.	Reception/ Common Room		
11.	Library, Number of Books & Magazines in Library (Attach List)		

**G. Technical& Other Infrastructure Details**

S. No	Particulars	Details	Details/ Copies Submitted (Yes/No)
1.	Internet Bandwidth /telephone (Attach latest bill, not older than 3 months)		
2.	Multimedia Projector		
3.	Power backup/UPS		
4.	Self-declaration of the IT/ Electronics / Hardware infrastructure owned by the Institute (This shall meet the minimum requirement of the		

	Courses applied for Accreditation)		
5.	Self-declaration of the Licensed / Open Source/ Freeware Software's owned by the Institute (This shall meet the minimum requirement of the Courses applied for Accreditation)		
6.	Printer		
7.	Scanner		
8.	Webcams		
9.	Mic/Headphone		

#### H. Institute Category for NSQF Accreditation Purpose

CATEGORY 'A'

Sl. no	Course accredited for	Accr number / TP ID	Validity of accreditation
1.	NIELIT Software (O /A/ B/C Level) and Hardware (CHM-O/A Level) accredited		
2.	ESDM Accredited Institute		
3.	NSQF Training Partner		
4.	Other NIELIT Affiliated Institutes- NCPUL/.....		

CATEGORY 'B'

	COURSE ACCREDITED FOR	NAME OF APPROVING BODY	VALIDITY OF AFFILIATION AND AFFILIATION NO. (IF ANY)
1.	Engineering Colleges/ Technical Institutions approved by Councils under Central Government like AICTE		
2.	Polytechnics approved by Central or State Boards of Technical Education or NCVET.		
3.	Institutes running BCA / BSc (CS / IT/ Electronics) or higher courses under Universities		

CATEGORY 'C'

Legal status of institute (proprietorship / partnership firm / society / trust / company/ etc.)	Name of Approving Body	Registration number and validity of registration

**I. Courses Applied for Accreditation (must be valid course(s))**

S. No.	Code	Name of Course	Whether this course is exempted from inspection (Yes/No)	No. of Industry tie-ups for guest lectures/ workshop/ placement (Attach document copy)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**J. Only applicable to the Government Institutions applying for Government Funded Projects only**

Name of the Government Funded Project	Name of the Ministry/ Department / Body funding the project	Tentative duration of the Project	Candidates Allocated/ Expected to be Allocated

**Note:** If applying for Accreditation under the specific Government funded project, no enrollment is permitted other than sponsored candidates.

**K. Fee Payment Details**

**i. For Fresh Accreditation**

Number of courses <b>(A)</b>	Accreditation Fees Rs10000/-+ GST per course (in Rs.) <b>(B)</b>	Inspection fees (if applicable) (in Rs.) <b>(C)</b>	Total fees (in Rs.) <b>(D)</b>
n	₹ 10,000/- + (A-1) * ₹ 5000 + GST (as applicable)	₹ 20,000/- + GST (as applicable)	(B+D)

UTR/ DD No/ Transaction reference number:			
Date, Bank and Branch Name:			

**ii. Only for Accreditation Renewal**

<b>Number of courses</b>	<b>Accreditation Renewal Fees Rs 5000/- + GST per course (in Rs.)</b>	<b>Inspection fees (if applicable) (in Rs.)</b>	<b>Total fees (in Rs.)</b>
<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
n	(A) x 5,000/- + GST (as applicable)	20,000/- + GST (as applicable)	(B+D)

UTR/ DD No/ Transaction reference number:			
Date, Bank and Branch Name:			

**L. Institute/ Contact details to be updated on NIELIT Portal**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Details</b>
1.	Name of Institute	
2.	Contact Person Name	
3.	Contact Person Designation	
4.	STD Code	
5.	Phone 1	
6.	Phone 2	
7.	Mobile	
8.	Fax	
9.	Email1	
10.	Email2	
11.	Institute Website	
12.	Address 1	
13.	Address 2	
14.	Address 3	
15.	City	
16.	State	
17.	District	
18.	City Name	
19.	Pin Code	

**M. Authorization Statement of the Institute**

I, on behalf of the institute \_\_\_\_\_, hereby undertake and confirm that the Institute:

- i. have adequate Building, infra-structure, support staff and faculty to conduct the above courses. The institute also has the tie-ups with the industry for placement of the candidates after successful completion of the training.
- ii. will arrange any Hardware / Software/ Faculty etc. required in due course of time to meet the Training & related activities of the accredited courses.
- iii. will comply with the Norms of NIELIT, NCVET, NSDA/NSDC, if any, as applicable to Training Partner for NSQF Aligned Courses from Time to Time.
- iv. will comply with the Norms of Local/ District / State Administration as applicable to Training Institutes from Time to Time.
- v. fulfills the norms for accreditation as mentioned in this document.
- vi. that neither the institute nor I have linkages with other organizations or individuals which might constitute a conflict of interest.
- vii. that the information contained in this application and all supporting documents is correct and accurate, the property of the institute and that it reflects the institute's business practice to the best of my knowledge.

I am aware that in the event of deliberate non-disclosure/misrepresentation of vital information or supplying misleading information by the institute may result in rejection of accreditation / cancellation of the accreditation granted, along with forfeiture of the fee and possible punitive action as per the decision and discretion of NIELIT may be taken.

With regards,

Signature with date: \_\_\_\_

Name:

Designation in the Institute:

Address:

e-mail ID:

Mobile number:

Seal of the Institute

**Note:**

- **This application Form shall be filled (preferably typed) and submitted along with relevant documents and applicable fees to the concerned NIELIT Regional Centre.**



- **All the pages of the application as well as the relevant documents shall be numbered, dully signed by authorized signatory and must of seal of the institute.**
- **Institute has to submit separate application form for exempted & non-exempted courses to expedite the Accreditation process.**