



VCVRT

वीसीवीआरटी एजुकेशनल काउन्सिल
VITAL COUNCIL OF VOCATIONAL AND RESEARCH TRAINING
CENTRAL OFFICE CUDDALORE - 607001

FOR INSTITUTE APPROVAL FORM

OFFICE USE

Approval Code :

--	--	--	--	--	--	--	--	--	--

Institute Name :

MOU Date :

--	--	--	--	--	--	--	--	--	--

Institution Name :

Address :

Phone :

Cell:

Correspondent Name :

DOB & Age :

Correspondent ID :

Qualification : _____

Trust Name : _____

Municipality / Panchayath : _____

District : _____

Building owned or Rental : _____

Photo Office Room Building Board with building

Class Room facility : _____

Furniture facility : _____

Teaching Aid : _____

Teaching faculty : _____

Library facility : _____

Fire Equipment : _____

Toilet facility : _____

Tie up with relevant Industry : _____

DD / Cash receipt : _____

Request letter : _____

Date : _____

Principal / Correspondent
with seal