VCVRT

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

FOR INSTITUTE APPROVAL FORM

		OF	FICI	E US	E			
Approval Code	:							
Institute Name	:							
MOU Date	:						ьи	
							(parent)	
Institution Name	:						- William	t wanter
Address	:						Joseph	lup3 onl
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	17						Iquom d	nio 1 00
Phone	:				— Cell:		Auto	(Jesupol
Correspondent Name	:							1 458
DOB & Age	:							
Correspondent ID								

Qualification .	HAY AY	
Trust Name	statelies for	arabibility (14.4)
Municipality / Panchayath	VOCATIONAL AN	VIIAL COUNCIL OF
District - MERCHAN	GIRMA STU	TOR INSTER
Building owned or Rental		
Photo Office Room_	Building	Board with building
Class Room facility		pproved Code
Furniture facility	:	moved at title
Teaching Aid		eled you
Teaching faculty		
Library facility	:	scoot collection
Fire Equipment	:	
Toilet facility		
Tie up with relevant Industry	:	
DD / Cash receipt		
Request letter	:	8000
Date :		Principal / Correspondent with seal