NATIONAL INSTITUTE FOR SKILL DEVELOPMENT MISSION



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1. Name of Institution		
2. Institution Director Name		
3. Institution Address		
City		
District		
Pin Code		
State		
Phone (0)		
Phone ®		
Mobile		
Fax		
E-mail		
4. Status of the Institution : Trust Society Other Year of Establishment Bank Details :		
1. A/C Number -		
2. A/C Name -		
3. Name of Bank & Branch -4. IFSC Code -		
5. Pan No		
I here by declare that above information given by is true to best my knowledge & believe.		
Stamp of Institute		Signature Centre Director