

**Declaration for Government Institute/society/organisation/company registering as Training
Provider**

(On official letter head of verifying authority)

Date:

To: National Skill Development Corporation

301, 3rd Floor, World Mark-1, West Wing, Aerocity, New Delhi-110037

From:

State:

Recommending Department:

I hereby declare and confirm that the “<Name of Training Provider>” is a Government Institute/society/organisation/company having its office at <Complete address of TP including pincode>. It was formed by <Name of State Government> vide gazette notification/ government order/ Act of parliament of legislature vide <Letter no.> dated _____

*Place:

(Location and office address)

Signature with official seal

*Full Name:

*Designation:

*I Card No.:

**(Enclose a photocopy of I Card)*

*Phone Number:

*e-mail ID:

*All fields marked with * are mandatory*