West Bengal State Council of Technical & Vocational Education & Skill Development

(A Statutory Body under Government of West Bengal Act XXVI of 2013)

Karigari Bhawan, (4th & 5th floor), Plot No. B/7, Action Area-III, New Town, Rajarhat, Kolkata 700160

Application format for Affiliation to conduct training on

Short Term Healthcare Courses

1. **Name of the Training Centre / Establishment** ……………………………………………………………………

2. **Address (with PIN Code)** ………………………………………………………………………………

    ………………………………………………………………………………

3. **Contact Number** : (Mobile)……………………………………………………………………

    (Land Line) ……………………………………………………………

4. **Official Email id** : ……………………………………………………………………………

5. **Year of Establishment** : ……………………………………………………………………………

6. **Type of the Organisation** : ……………………………………………………………………………
    (Govt. / Society/NGO/Trust/ Proprietorship / Other (pl. specify))

7. **Building** : **Own/Rented/Leased (submit supporting documents)**

8. **Courses Applied for:**
    (Please refer https://sctvesd.wb.gov.in/academic/sttc/sttc course (Healthcare sector) for detail of Courses)

Sr. No.	Course Name	Duration in Hours	Proposed Intake
1			
2			
3			
4			
5			

9. Infrastructural Facilities available with Centre:

(i) (a) Availability of Own Healthcare infrastructure for providing training and OJT (submit supporting documents)

Facility	Available (Yes/No)	Classification / Category as per WB Clinical Establishments (Registration, Regulation and Transparency) Rules, 2017	No of Beds (as applicable)	Average no of patients handling per day
Hospital				
Diagnostic Center				

(i) (b) If own healthcare infrastructure not available as per sr. no (i) (a) above, then healthcare infrastructure arrangement made outside for providing training and OJT: (submit supporting documents)

Facility	MOU with outside healthcare infrastructure Available (Yes/No)	Classification / Category of outside healthcare infrastructure as per WB Clinical Establishments (Registration, Regulation and Transparency) Rules, 2017	No of Beds (as applicable)	Average no of patients handling per day
Hospital				
Diagnostic Center				

(ii) Availability of Other related infrastructure:

Facilities	Available (Yes/No)	Quantity	Size in Sq. Ft.
Classroom			
Laboratory			
Library			
Office			
Toilets (Male)			
Toilets (Female)			
Mention (Yes / No)	Drinking Water For students	Electrical Safety Certificate	Fire Safety Certificate

(iii) Availability of supporting infrastructure:

Items	Quantity (Working)	Year of purchase
Computer		
U.P.S		
Printer		
Scanner		
Copier		
Internet	Yes / No	Speed:

10. **Faculty Members to be engaged by the Centre: (**Please attach additional page if required.)
    Please attach photo copy of appointment / engagement letters duly signed and stamped by the center.

Course name applied for affiliation	Name of Faculty Member to be attached	Highest Qualification	Name of University	Experience in years

11. <u>**Library facility:**</u>   **: (**Please attach additional page if required)

Course name	Number of books available	Number of magazines subscribed

12. Documents to be attached:

a) Copy of last affiliation letter (if applicable)
b) Supporting documents for having own healthcare infrastructure for providing training and arrangement of OJT, if applicable. [as mentioned in Sr. No. 9(i)(a)]
c) MOU with outside Hospital / Diagnostic Lab for providing training and arrangement of OJT. [as mentioned in Sr. No. 9(i)(b)]
d) Supporting documents for teaching faculty engagement (as given in Sr. No. 10)
e) Fire Safety certificate
f) Electrical Safety certificate – Self declaration
g) Ownership certificate of the training center / establishment/Rental certificate
h) Proof of Application Fees payment

DECLARATION

I do hereby declare that above information furnished by me is true to the best of my knowledge and belief. If any of the above furnished information is found to be false at any point of time in future, affiliation (if allowed) of the courses of my centre with the WBSCT&VE&SD will be cancelled automatically and I shall be liable for any punitive action to be taken by the Council in this regard. My centre will abide by all norms and standards of the Council in respect of conduct of Healthcare courses.
 	
                          Signature with seal & date
                          of Authorized Signatory