



# Vision Early Childhood Care & Education

ISO 9001-2008 Certified

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## Training Partner Association Form

Types of Co-Ordinator: Regional  District  Study Center

### SECTION-I

#### PERSONAL PROFILE OF HEAD OF THE INSTITUTION

Paste Passport  
Size Photo

- Name of the Candidate: \_\_\_\_\_
- Father's Name: \_\_\_\_\_
- Date of Birth:       Gender: Male  Female
- Qualification: \_\_\_\_\_  
(Attach Certificates & ID Proof)
- Communication: Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### SECTION-II

#### INSTITUTION'S PROFILE

- Name of the Institution: \_\_\_\_\_
- Types of the Institution: Trust  Society  Company   
(Tick the Most Appropriate & Enclose the Proof) Partnership  Proprietorship Firm  Others
- Address: (Do not repeat Name) \_\_\_\_\_  
\_\_\_\_\_ District: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_
- Fill the following & enclose the Proper Proof-
  - Premises Details: Owned  Rented  Lease  Others
  - Total Carpet Area of the Institution (In Sq. Ft.): \_\_\_\_\_
  - Total Site Area of the Institution (In Sq. Ft.): \_\_\_\_\_
- Internet Connectivity: Broadband  Dial-up  Speed
- Ready for Operation: Yes  Not Yet

8-Infrastructure Details-

Sr. No.	Infrastructure	Units	Area (Sq. Ft.)	Seating Capacity
1	Training / Class Room			
2	Computer Lab.			
3	Library			
4	Reading / Conference Room			
5	Administrative Area / Counseling Room			
6	Faculty Room			
7	Service Area-Toilets etc.			

9-Teaching & Non- Teaching Staff Details- *Enclose separate List of all Faculty (Teaching / Non-Teaching staff) in the following Format -*

Name   Father's Name   DOB   Gender   Address   Academic Qualification   Experience (if any)   Level of Association (Full Time/Part Time/Visiting Faculty)
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10-Details of the Courses that you are interested to offer through Distance/Online mode-

Sr. No.	Proposed Course	Expected No. of Admissions
1		
2		
3		

11-Details of Authorized Fee Remittance-

Authorization Fee Rs. 3500/= in favour of **“Vision Early Childhood Care & Education Payable at Meerut”**

DD No.	Date of Issue	Bank Name	Issuing Branch

**DECLARATION**

We certify that the particulars furnished above are true to best of our knowledge and express our willingness for running above mentioned courses. We further certify that the Institute will abide by all the rules and regulations prescribed by VECCE. We are ready to work under the supervision of Head Office and Administrative Office of VECCE. In case of any Information furnished by us is found wrong or incomplete in any regard, we shall be responsible for any decision taken by VECCE & its Authorities.

Signature of the Administration Head  
(With stamp)

Signature of the Academic Head  
(With stamp)