

# Centre Accreditation Application Form

## Training Centre Report

**Training Centre Id:** TC044182

**CAAF Submitted on:** 09/08/2018 5:30:00 AM

### 1 - General Details

#### Training Centre Details

Details	Information Provided by Training Centre
<b>Name of the Training Provider (TP)</b>	Ashadip Medical and Social Welfare Association
<b>Training Centre Name</b>	UJJAL TAILORING AND TRAINING CENTRE
<b>Type of Training Centre</b>	TP Owned
<b>Website (If Any)</b>	N/A
<b>Social Media Link (If Any)</b>	N/A
<b>Availability of Security / Security Guards at the Centre</b>	YES
<b>Availability of Biometric Attendance System</b>	YES

<b>Availability of Greenery</b>	YES
<b>Proximity to Public Transport System</b>	0 - 3 km
<b>Name of Nearest Bus Stop/Bus Stand/Metro Station/Railway Station</b>	Kaliyaganj, West Bengal, India
<b>Building Status</b>	Stand Alone Building
<b>Type of Construction of Building</b>	Not Prefabricated
<b>Is the TC Building well Plastered, Color Distempered/Whitewashed?</b>	NO
<b>TC Walls/Roofs are made of TIN/Bamboo Sheets?</b>	NO
<b>Centre Floor is Tiled</b>	NO
<b>Centre Floor is cemented and furnished</b>	NO
<b>Front Face of the Building</b>	Others
<b>Approach Road to the Centre</b>	15
<b>Previous State of the Building</b>	Any Other

<b>Availability of Internet at the Centre</b>	Speed of 1 MBPS and above
<b>Availability of Power Backup (UPS/Genset/Inverter)</b>	YES

### Contact Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>SPOC Name</b>	Ujjal Bhowmik
<b>SPOC Mobile Number</b>	9593827724
<b>SPOC Alternate Number</b>	N/A
<b>SPOC Email Address</b>	ashadip.ujjal@gmail.com
<b>Name of Centre Principal/ Director</b>	Sipra Rani Das Bhowmik
<b>Contact Number of Principal/ Director</b>	8926599863
<b>Email Address of Principal/ Director</b>	ujjalbhowmick2011@gmail.com

### Commendations and International Affiliations Details

<b>Details</b>	<b>Information Provided by Training Centre</b>

<b>Name</b>	N/A
<b>Type</b>	N/A
<b>Validity Of Affiliation</b>	N/A
<b>Details</b>	N/A

### Centre Address Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Address</b>	JL NO -102,PLOT NO-451/490,MOUZA-UTTAR CHIRAIL,AT- MANDALPARA, P.O+P.S-KALIYAGANJ,
<b>State/UT</b>	WEST BENGAL
<b>District/City</b>	DINAJPUR UTTAR
<b>Sub district (Tehsil/Mandal)</b>	KARNAJORA
<b>Parliamentary Constituency</b>	Raiganj
<b>Landmark</b>	Near Jamuna HP Petrol Pump
<b>Pin Code</b>	733129
<b>Area Classification of Centre</b>	Urban

<b>Is Entire Centre Situated at the Ground Floor?</b>	NO
<b>Address Proof Type</b>	Rent agreement
<b>Address Proof</b>	Address Proof Uploded

## 2 - JobRole Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Job Role</b>	<b>Goods &amp; Services Tax (GST) Accounts Assistant</b>
<b>Skill Sector</b>	BFSI
<b>Is the Trainee to Trainer Ratio in the Range of 10:1 to 30:1?</b>	YES
<b>Total Number of Parallel Batches you plan to run for this Job Role at a given point of time.</b>	1
<b>Remarks</b>	N/A

## 3 - Classrooms Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Classroom Serial Number</b>	<b>1</b>

<b>Carpet Area (In Sq.Ft)</b>	340
<b>Availability of any Type of Projector</b>	YES
<b>Availability of Air Conditioner</b>	NO
<b>Availability of CCTV Camera with Recording Facility</b>	YES
<b>Availability of Adequate Light in the Classroom</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Classroom Well Ventilated</b>	YES
<b>Availability of Dustbin in the Classroom</b>	YES
<b>Is the Classroom Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	YES
	N/A

<b>Classroom used for which Job Roles</b>	
<b>Remark (If Any)</b>	N/A

## 4 - Laboratories Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Laboratory Serial Number</b>	<b>1</b>
<b>Laboratory Type</b>	<b>Digital Literacy Lab</b>
<b>Carpet Area (In Sq.Ft)</b>	220
<b>Availability of any Type of Projector</b>	NO
<b>Availability of Air Conditioner</b>	NO
<b>Availability of CCTV Camera with Recording Facility</b>	YES
<b>Availability of Adequate Light in the Laboratory</b>	YES
<b>Availability of Exhaust Fan</b>	NO

<b>Electrical Wires and Switchboard Secured</b>	NO
<b>Laboratory Well Ventilated</b>	YES
<b>Availability of Dustbin in the Laboratory</b>	YES
<b>Is the Laboratory Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	YES
<b>Laboratory used for which Job Roles</b>	N/A
<b>Remark (If Any)</b>	N/A

## 5 - Hybrid Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
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## 6 - Centre Area Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Area Type</b>	Reception
<b>Carpet Area (In Sq.Ft)</b>	92



<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Placement & Entrepreneurship Cell
<b>Carpet Area (In Sq.Ft)</b>	143
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES

<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Counselling Area
<b>Carpet Area (In Sq.Ft)</b>	189
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES

<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Library
<b>Carpet Area (In Sq.Ft)</b>	65
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Office Space
<b>Carpet Area (In Sq.Ft)</b>	75

<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Pantry
<b>Carpet Area (In Sq.Ft)</b>	70
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	YES
<b>Electrical Wires and Switchboard Secured</b>	YES

<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Washroom
<b>Carpet Area (In Sq.Ft)</b>	35
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	YES
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES

<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Washroom
<b>Carpet Area (In Sq.Ft)</b>	35
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	YES
<b>Electrical Wires and Switchboard Secured</b>	YES
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Parking if any

<b>Carpet Area (In Sq.Ft)</b>	250
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	NO
<b>Electrical Wires and Switchboard Secured</b>	NO
<b>Room is Well Ventilated</b>	NO
<b>Availability of Dustbin in the Room</b>	NO
<b>Is the Room Clean and Hygienic?</b>	NO
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A
<b>Area Type</b>	Washroom
<b>Carpet Area (In Sq.Ft)</b>	45
<b>Availability of Air-Conditioning</b>	NO
<b>Availability of Exhaust Fan</b>	YES
	YES

<b>Electrical Wires and Switchboard Secured</b>	
<b>Room is Well Ventilated</b>	YES
<b>Availability of Dustbin in the Room</b>	YES
<b>Is the Room Clean and Hygienic?</b>	YES
<b>Is Hospital Emergency Number displayed?</b>	NO
<b>Remark (If Any)</b>	N/A

## 7 - Residential Facilities

<b>For Men</b>	
<b>Is Residential Facilities Available</b>	NO
<b>Total Area</b>	N/A
<b>Number of Rooms</b>	N/A
<b>Number of Capacity</b>	N/A
<b>Availability of CCTV</b>	NO



<b>Availability of Mess</b>	NO
<b>Availability of Male Warden</b>	NO
<b>Availability of all time Security</b>	NO
<b>Availability of all time Backup</b>	NO
<b>Remarks</b>	N/A

<b>For Women</b>	
<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Is Residential Facilities Available</b>	NO
<b>Total Area</b>	N/A
<b>Number of Rooms</b>	N/A
<b>Number of Capacity</b>	N/A
<b>Availability of CCTV</b>	NO
<b>Availability of Mess</b>	NO
<b>Availability of Female Warden</b>	NO
<b>Availability of all time Security</b>	NO

<b>Availability of all time Backup</b>	NO
<b>Remarks</b>	N/A

## 8 - Facilities

### Differently Abled Friendly Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Availability of Ramps at the Entrance of the Centre</b>	YES
<b>Availability of Lifts in Case the Centre is Extended to Other Floors (Besides Ground Floor)</b>	NO
<b>Availability of Functional Washroom</b>	YES

### Hygienic and Sanitation Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Availability of a Dedicated Housekeeping Staff</b>	YES
<b>Washrooms are Clean and Hygienic</b>	YES

<b>Availability of Daily Inspection Card/Checklist in the Washroom</b>	YES
<b>Safe Drinking Water</b>	Reverse Osmosis (RO)

### **Medical & Safety Details**

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Availability of Fire Fighting Equipment</b>	
<b>Water based Fire Extinguisher</b>	NO
<b>Foam Based Fire Extinguisher</b>	NO
<b>Dry Powder based Fire Extinguisher</b>	NO
<b>Carbon Dioxide based Fire Extinguisher</b>	NO
<b>Wet Chemical based Fire Extinguisher</b>	NO
<b>Fire Fighting hose Pipe</b>	NO
<b>Is the First Aid Kit Wall Mounted at the Centre?</b>	YES
<b>Fire Safety Instructions Displayed at the Centre</b>	YES

<b>First Aid Kit Item Contains</b>	
<b>Emergency Telephone Number of Medical Emergency Service</b>	NO
<b>Sterile Gauze Pads in Small and Large Squares to place over the Wound</b>	NO
<b>Medicines like Pain Killer and Antibiotics</b>	NO
<b>Roller Bandages to Hold Dressing in Place</b>	NO
<b>Adhesive Bandages</b>	NO
<b>Scissors and Tweezers</b>	NO
<b>Thermometer</b>	NO
<b>Antiseptic wipes or Soap</b>	NO

## 9 - Trainers Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
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# 10 - Centre Staff Details

<b>Details</b>	<b>Information Provided by Training Centre</b>
<b>Type of Support Staff</b>	<b>Mobiliser</b>
<b>Name of the Support Staff</b>	PRAFULLA GOSWAMI
<b>Highest Qualification</b>	10 + 2 Pass
<b>Highest Experience (In Months)</b>	3
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A
<b>Type of Support Staff</b>	<b>Placement Coordinator</b>
<b>Name of the Support Staff</b>	KRISHNA MOHAN ROY
<b>Highest Qualification</b>	BA
<b>Highest Experience (In Months)</b>	4
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A

<b>Type of Support Staff</b>	<b>MIS Coordinator</b>
<b>Name of the Support Staff</b>	SUBRATA BHOWMIK
<b>Highest Qualification</b>	10 + 2 Pass
<b>Highest Experience (In Months)</b>	2
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A
<b>Type of Support Staff</b>	<b>Administration Officer</b>
<b>Name of the Support Staff</b>	JALAUDDIN AHAMED
<b>Highest Qualification</b>	10th Pass
<b>Highest Experience (In Months)</b>	1
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A
<b>Type of Support Staff</b>	<b>Counselor</b>
<b>Name of the Support Staff</b>	DILIP SARKAR

<b>Highest Qualification</b>	10 + 2 Pass
<b>Highest Experience (In Months)</b>	2
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A
<b>Type of Support Staff</b>	<b>Receptionist/ Front Office Coordinator</b>
<b>Name of the Support Staff</b>	MAMATA ROY
<b>Highest Qualification</b>	BA
<b>Highest Experience (In Months)</b>	1
<b>Type of Resource</b>	N/A
<b>Remarks</b>	N/A

## 11 - Equipment Details

<b>S.No.</b>	<b>Job Role Name</b>	<b>Equipment Name</b>	<b>Quantity</b>	<b>Unit Type</b>	<b>Training Centre Remarks in Case Mandatory Equipment is not Available</b>
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1	Goods & Services Tax (GST) Accounts Assistant	Projector	1	N/A	N/A
2	Goods & Services Tax (GST) Accounts Assistant	White Board & Marker	1	N/A	N/A
3	Goods & Services Tax (GST) Accounts Assistant	Laptop/PC	1	N/A	N/A
4	Goods & Services Tax (GST) Accounts Assistant	Internet Access	1	N/A	N/A
5	Goods & Services Tax (GST) Accounts Assistant	Laptop/PC	1	N/A	N/A
6	Goods & Services Tax (GST)  Accounts	Internet Access	1	N/A	N/A

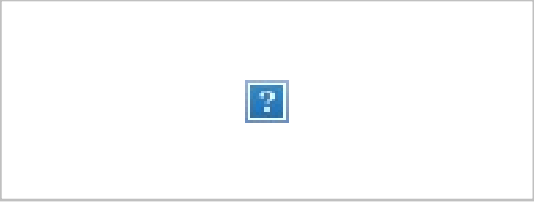





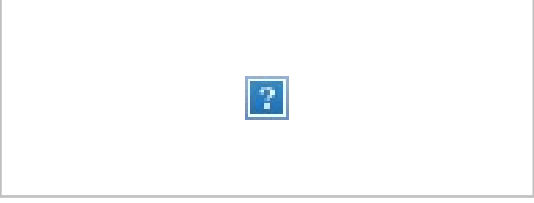


	Assistant				
7	Goods & Services Tax (GST) Accounts Assistant	Projector	1	N/A	N/A
8	Goods & Services Tax (GST) Accounts Assistant	White Board & Marker	1	N/A	N/A

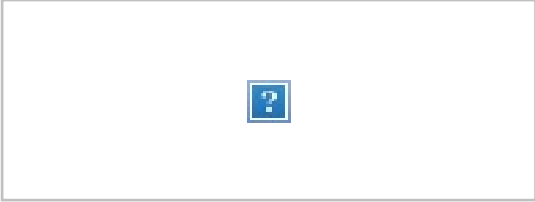
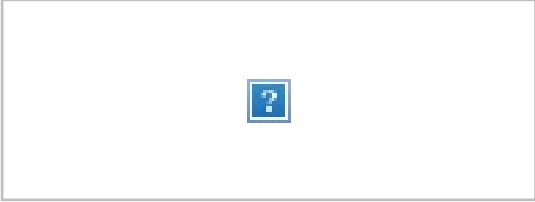
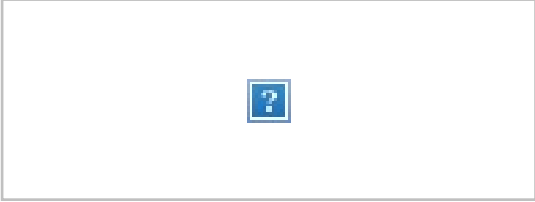
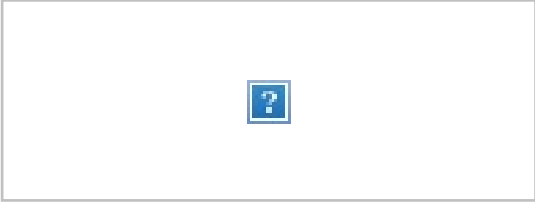
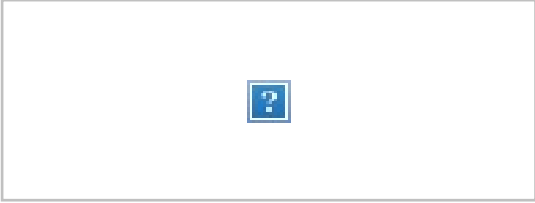
**Photograph of General Details**



<b>Section Name</b>	<b>Uploaded Document</b>
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<b>Photograph of Power Backup</b>	
<b>Outside Area Pic 1</b>	
<b>Outside Area Pic 2</b>	
<b>Approach Road to</b>	

<b>Centre 1</b>	
<b>Front View of Training Centre</b>	
<b>Back View of Training Centre</b>	
<b>Left View of Training Centre</b>	
<b>Right View of Training Centre</b>	
<b>Photograph of Internet Bill</b>	
<b>Photograph of Biometric device</b>	

<b>Photograph of Centre Area Details (Complete View)</b>	

<b>Centre Area Name</b>	<b>Uploaded Document</b>
<b>Reception</b>	 <hr data-bbox="481 403 1532 407"/>
<b>Placement &amp; Entrepreneurship Cell</b>	 <hr data-bbox="481 757 1532 761"/>
<b>Counselling Area</b>	 <hr data-bbox="481 1111 1532 1115"/>
<b>Library</b>	 <hr data-bbox="481 1464 1532 1469"/>
<b>Office Space</b>	 <hr data-bbox="481 1818 1532 1823"/>
<b>Pantry</b>	<hr data-bbox="481 2016 1018 2020"/>

	
<b>Parking if any</b>	

<b>Photograph of Trainers Details (Complete View)</b>		
<b>JobRole Name</b>	<b>Trainer Name</b>	<b>Uploaded Document</b>
<b>Goods &amp; Services Tax (GST) Accounts Assistant</b>	RAKTIM GOSWAMI	<p>Trainer's Profile Picture</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> <p>Minimum Qualification Certificate</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%; text-align: center;">  </div> <p>Trainer Certification</p> <div style="border: 1px solid #ccc; height: 80px; width: 100%; text-align: center;">  </div>