

<b>Application form for registration of establishment under National Apprenticeship Promotion Scheme(NAPS)</b>	
<b>ESTABLISHMENT REGISTRATION NUMBER</b>	
ESTABLISHMENT NAME :	
ESTABLISHMENT ADDRESS:	
NAME OF THE CONTACT PERSON:	
CONTACT NUMBER :	
E-MAIL :	
SCANNED COPY OF STAMP WITH SIGNATURE OF HEAD OF THE ESTABLISHMENT	
ESTABLISHMENT STRENGTH( Permanent + Contractual)	
TENTATIVE SEATS TO BE ASSESSED(2.5% of total strength,maximum upto 15%)	0
SEATS ALREADY ASSESSED IN THE ESTABLISHMENT	
PENDING SEATS TO BE ASSESSED	0
<b>ESTABLISHMENT TYPE (Tick ✓)</b>	
1. CENTRAL GOVERNMENT	
2. CENTRAL PUBLIC SECTOR UNDERTAKING	
3. PRIVATE SECTOR	
3.1 INDIVIDUAL/ PROPRIETORSHIP	
3.2 PARTNERSHIP	
3.3 HUF	
4.STATE GOVERNMENT	
5.STATE PUBLIC SECTOR UNDERTAKING	
6.TRUST	
7.SOCIETY	
<b>REGISTRATION TYPE(Mention details &amp; documentary proof to be given)</b>	
1.PAN	
2. GST	
3. CIN	
4.TIN	
5.TAN	
6. COOPERATIVE REGISTRATION NUMBER	
7.FACTORY REGISTRATION NUMBER	
8.MSME REGISTARTION NUMBER	
9.EMPLOYEE STATE INSURANCE NUMBER	
10.EMPLOYEE PROVIDENT FUND ORGANIZATION NUMBER	
<b>ESTABLISHMENT CATEGOGY (Tick ✓)</b>	
1.COTTAGE	
2.LARGE	
3.MEDIUM	
4.MICRO	
5.SMALL	
6.OTHERS	
<b>INDUSTRY TYPE (Tick ✓)</b>	
1.MANUFACTURING	
2.SERVICES	
3.TRADING	
4.OTHERS	
<b>TRADES IN WHICH ESTABLISHMENT WANT TO CREATE APPRENTICESHIP SEATS</b>	
NAME OF TRADE	NUMBER OF SEATS
<b>WORKING DAYS IN A WEEK (Tick ✓)</b>	
5 DAYS A WEEK	
6 DAYS A WEEK	
<b>TRAINING FACILITY (Tick ✓)</b>	
IN HOUSE BASIC TRAINING FACILITY(YES/NO)	
OUTSOURCE BASIC TRAINING FACILITY(YES/NO)	
<b>BANK DETAILS</b>	
NAME OF THE BANK	
BANK ACCOUNT NUMBER	
ACCOUNT TYPE	
IFSC CODE	
BENEFICIARY NAME	
COPY OF CANCELLED CHEQUE( SCANED COPY)	

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1. Establishment can register on portal [www.apprenticeshipindia.gov.in](http://www.apprenticeshipindia.gov.in)
2. Send scanned copy of documents along with this proforma on email "estb.reg@gmail.com" for registration.