

## NATIONAL APPRENTICESHIP TRAINING SCHEME (NATS)

(Implemented under The Apprentices Act 1973 & 1986 by Boards of Apprenticeship /  
Practical Training)

Establishment Enrolment Form for Engaging Graduate & Diploma in Engineering /  
Technology and 10+2 (Vocational) Certificate Holders as apprentices under the  
Apprentices Act

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### 4 A. ESTABLISHMENT DETAILS

1. Name of the Establishment : .....
2. Name of CEO / CMD / MD : .....
3. Year of Establishment incorporation:.....
4. Certificate of Incorporation:.....<upload document>.....
5. PAN / TAN No :..... <upload document>.....
6. Sector of Industry: Central / State / Private

#### 7. Nature of Technical Activity:

- Manufacturing  Construction  Automobile  Communication  Project Execution  
 Transportation  Research & Development  Power(Generation)   
 Power(Transmission)  Power(Distribution)  Processing(Chemical)  Processing(Food)  
 Processing(Pharmaceutical)  Processing(Oil Refinery)  IT (Hardware)  IT  
 (Software)  Services(Hospital & Health Care)  Services(Education)  Services(Hotel  
 Industry)  Services(Engineering)  Services(Banking & Finance)  Services(Agriculture)  
 Services(Insurance)  Any Other – Specify

8. Website Address: .....

9. Enter details of Chairman of Internal Complaint Committee in regard of sexual harassment of women at work place:

Name	Designation	Mobile No.	Email ID

**10. Does the Establishment have presence in a minimum of four states across regions and want to enrol on pan India basis**      Yes            No     

If Yes, provide region and state where the Establishment needs to be enrolled

1. Region.....
2. State.....

If No, the Establishment will be registered in the state where the factory / work place is located

**4 B Address**

**11. Registered / Corporate / Head office Address**

**Pincode :**

**State :** .....

**District :** .....

**<Sub District Title :** system will display based on the state >

**City / Town :** \_\_\_\_\_

**Village / Locality :** \_\_\_\_\_

**Door No. & Street name :** \_\_\_\_\_

**Phone No :** \_\_\_\_\_

**Fax No :** \_\_\_\_\_

**Mobile Number :**

**E-mail ID :** .....

**12. Factory / Work Address**

**Pincode :**

**State :** .....

**District :** .....

**<Sub District Title :** system will display based on the state >

**City / Town :** \_\_\_\_\_

**Village / Locality :** \_\_\_\_\_

**Door No. & Street name :** \_\_\_\_\_

**Phone No :** \_\_\_\_\_

**Fax No :** \_\_\_\_\_

**Primary Mobile Number :**

Primary E-mail ID : .....

#### 4. C MAN POWER DETAILS

##### 13. Technical Manpower Employed with qualification of Degree / Diploma in Engineering / Technology / Vocational

###### A. Graduate:

Sl.No.	DEPARTMENT / FUNCTIONAL AREA	Total manpower - Degree in Engg. Level
	<Drop down>	
<b>Total</b>		

###### B. Diploma:

Sl.No.	DEPARTMENT / FUNCTIONAL AREA	Total manpower - Diploma in Engg. Level
	<Drop down>	
<b>Total</b>		

###### C. Vocational :

Number of employees on the shop floor / field

Sl.No.	Manpower Details	Total
1.	Supervisory Personnel	
2.	Workers and Others (including contractual and outsourced Personnel)	
<b>Total</b>		

###### D. Overall total Manpower (including regular, contractual, casual and outsourced)

Regular      Contractual      Casual      Outsourced      Overall Total

**14. Apprentice Requirement**

**A. Graduate**

S. N o	Department Functional Area	Branch of Engineering/ Technology	Proposed Training Slots		Monthly Stipend
			Current year	Next year	
	<Drop down>	<Drop down>			
		<b>TOTAL</b>			

**B. Diploma**

S. N o	Department Functional Area	Branch of Engineering/ Technology	Proposed Training Slots		Monthly Stipend
			Current year	Next year	
	<Drop down>	<Drop down>			
		<b>TOTAL</b>			

**C. Vocational**

S. N o	Department Functional Area	Vocational Subject field	Proposed Training Slots		Monthly Stipend
			Current year	Next year	
	<Drop down>	<Drop down>			
		<b>TOTAL</b>			

#### 4. D INFRASTRUCTURE FOR IMPARTING TRAINING

15. Enter details of Training Department / Section for coordinating Apprentices training activities:

S.No	Name	Designation	Mobile No.	Email ID	Qualification	Years of relevant Experience

16. Does the Establishment have exclusive workshop facilities for training? Yes  No
17. Does the Establishment have lecture-halls/rooms for Conducting group discussions & meetings? Yes  No
18. Does the Establishment have a technical library under the Control of the training department? Yes  No
19. Does the Establishment have hostel facilities for accommodating Apprentices ? Yes  No
20. A. Does the Establishment have canteen facilities for Apprentices? Yes  No
- B. Does the Establishment have Transport facilities for Apprentices? Yes  No
21. Does the Establishment involve the Apprentices in normal production activities? Yes  No
22. Does the Establishment have its own management training Scheme? Yes  No
23. Where does the Establishment draw the faculty from?
- a) Training Department Yes  No
- b) Other functional areas within the Organisation Yes  No
- c) Outside faculty Yes  No
24. Does the Establishment have Medical Facility? Yes  No
25. Does the Establishment have Safety Officer? Yes  No
26. Whether the Establishment policy provides regular job to the Apprentices after 1 year Training? Yes  No
27. Is the Establishment willing to pay higher stipend than the Government prescribed stipend rate. Yes  No

#### 4 E. ACCOUNT DETAILS

26. Enter details of Officer in charge of stipend claims:

S.No	Name	Designation	Mobile No.	Email ID

**27. Bank Account Information:** (Please ensure the name of the account shall be in the name of Establishment / Industry and it shall not be in the name of any individual person)

- a) Bank Name:
- b) Name of the Branch:
- c) Account No. :
- d) Name of the Account Holder:
- e) IFSC Code No:
- f) MICR Code No:

#### 4 F. UPLOADING DOCUMENTS

All documents need to be self-attested with company seal

- a) Company Profile
- b) Certificate of Incorporation
- c) Income Tax return
- d) Structured Training Module
- e) TAN / PAN
- f) Details of Internal Complaint Committee in regard of Sexual Harassment of women at work place.

#### **Declaration:**

I <Name of the person entering the data> **son of** <Father Name> **in my capacity as** <designation> <mobile number (validated through OTP)> **hereby declare that the above statements are true and correct to the best of my Knowledge. I also declare that I am an Indian Citizen and will abide by the rules and regulations of the Apprentices Act monitored by BOATs / BOPT.**

I Agree

I Disagree