

▪ **Skill Training Providers' Registration on the NCS Portal (www.ncs.gov.in)**

A. **Basic details of the organization:**

1. Organization is registered with LIN /others _____ (plz **V** the appropriate, mention details)
2. Registration Number : _____
3. Name of the Organization: _____
4. Former Registered Name, if any _____
5. Type of organization: _____ (Private)
6. Sector(s): _____
7. Registered Office address: _____
City/ Village: _____
Sub-District/Taluka/Tehsil: _____
District: _____ State: _____
PIN code: _____ Mobile no.: _____
8. Organization's email: _____
9. Organization's URL/Website, if available : _____
10. Organization's PAN: _____
11. Year of Incorporation : _____
12. Area of Operations : _____ (District/State)
13. Mention if **PROPRIETARY** : _____ (Yes/No)

B. contact details of the Contact person (Head/ Owner)

14. Unique Identification Id of the Owner/ Head: **Aadhar/PAN** (plz **V** the appropriate)
15. Unique Identification ID number: _____
16. Person's Name(as per UID): _____
17. Father's /Guardian's Name : _____
18. Date of Birth : _____ (DD-MM-YYYY)
19. Gender : _____ (Male/Female)
20. Mobile Number: _____
21. Email address: _____
22. Contact person's Designation : _____
23. Choose your USER ID : _____ (Email to be used as Login ID) || Password (Min. 8 charc.) _____
24. Service(s) to be provided: 1. Skill Training, 2. Training and placement (plz **V** the appropriate)
25. NCS ID (as generated): _____