



SRC COMMUNITY COLLEGE

Nandavanam, Vikas Bhavan P.O, Thiruvananthapuram– 695033

Tel: 9446695102, Tel / Fax : 0471 – 2326101

E-mail: srccommunitycollege@gmail.com, keralasrc@gmail.com

Website: www.srccc.in, www.src.kerala.gov.in

PROFORMA FOR SELECTION OF NODAL AGENCY / STUDY CENTRE UNDER SRC COMMUNITY COLLEGE

1. Name & Address of Agency

Address	District:
	Phone Number:
	E-mail:
	Website:

2. Key Features of Agency

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3. Year of Registration / Establishment, If registered specify the Number & Date

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4. Previous experience in the Field in years 1-3 4–7 7 - 10 Above 10

5. Main Area of Operation / Courses

IT Related Health & Wellness Related Vocational Skill Related

Language Related Teaching Related other areas if any specify

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6. Infrastructure – Available Resources

Type of Infrastructure	No. of Classrooms & Area	Purpose
Practical Lab / Therapy Room		
Computers / Laptops		

7. Details of Staff Members

SI NO	Name	Age	Sex M/F	Qualification	Present Designation	Experience in Field	Working time F/P

8. Details of Ongoing Courses of the institution

9. Do you have any plan to organise Additional Courses Yes No

10. If yes give details

11. Details of projects undertaken & completed by the institution

Sl No	Name of Project	Amount	Year & Duration of the project	Co-ordinators of the project

12. Actual Annual Turnover of the agency

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13. Name of the Head of the Institution / Agency

Sl. No	Name	Designation	Qualification	Experience

Name & Signature of the Head of the Institution

Place:

Date: