



# TAMILNADU STATE COUNCIL OF VOCATIONAL TRAINING

## School of Online & Continuing Education

Under the Aegis of Tamilnadu Council for Open & Distance Learning, Regd Under Govt of Tamilnadu

### TNSOCE - ONLINE EXAM CENTRE FORM

#### Coordinator Details:

1. Name
2. Designation
3. Sex Male  Female
4. Qualification
5. Communication Details:
  - a) Phone No
  - b) Mobile No
  - c) E-Mail
6. Photo ID Proof : Driving License  Voter ID  Pan Card   
(Kindly enclose a copy)

Affix Recent  
Passport Size Photo  
of the Coordinator

#### Institution's Details:

1. Name of Trust/Society
2. Name of Institution
3. Year of Establishment
4. Type of Institution Trust  Society  Proprietorship
5. Postal Address
- District  State
- Pin Code
7. Communication Details.
  - a) Phone No
  - b) Mobile No
  - c) E-Mail
8. Premises Owned  Rented
9. Total area (in sqft)
10. Internet Type Leased Line  Broadband  Dial-up   
Available Resources Generator  LCD Player  Photo copier

## 11. Staff Detail

Enclose separate list of all staff member in following format

S.No	Name	Qualificati	Gender	Experienc	Specialisation	Full / Part Time

## 12. Infrastructure Details

S.No	Particular	Units	Area (in Sq.ft)
1	Class Rooms		
2	Library (Total Books_____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

## 13. Number of Admissions Expected

S.No	Course	No. of Admission	S.No	Course	No. of Admission

## 14. Photos to be Pasted:

**SPACE FOR AFFIXING**

**'WIDERANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'**



AFFIX ONLINE EXAM CENTRE PHOTO

### **Declaration**

I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of TNSOCE given time to time. I am ready to work under the control of the Managing Director, TNSOCE. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

**Coordinator Signature with Seal**

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### **For Official Use:**

Allotted TNSOCE Centre Code \_\_\_\_\_

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Person  
School of Online & Continuing Education (SOCE)