**Accreditation Form for Training Centre**

**State : Odisha**

**District : Balangir**

**Block : Balangir**

**Panchayat : Balangir**

**Village : Balangir**

1. Name of the Training Centre: **KAMPA BHAI VOCATIONAL TRAINING INSTITUTE, BALANGIR**

2. Name of the Partner: **KAMPA BHAI VOCATIONAL TRAINING INSTITUTE**

3. Name/s of the Centre Manager: **MR. JAPABANDHU KAMPA**

4. Contact Details of the Centre:

a. Postal Address: **AT – RUGUDIPARA**

 **SAI MANDIR LANE**

 **PO/DIST – BALANGIR**

 **ODISHA, 767001**

b. Phone No. with STD code: **06652 - 234494**

c. Fax No.: **06652 - 231330**

d. Email and Mobile No. of the Centre Manager

 **CENTER MANAGER: E-mail- kampabhaigroupsbgr@gmail.com**

 **Ph. No. - 9937591330**

5. Centre Manager Qualifications: **MBA**

6. No of computer at Centre: **25**

7. Connectivity at Centre: **BSNL** **Broadband**

8. Other IT Infrastructure at Centre: **CCTV, Projector, Scanner, Printer, Mobile Phone**

9. Power backup at Centre: **Sukam Inverter**

10. Centre Area in Square Feet/Mts: **4700 Sq. Fts**

11. Centre Picture: **Attached**

Signature of Center Director Signature of Training Partner