(Technical Education Division)
Karigari Bhavan, Plot-B/7, Action Area-III, Rajarhat, Newtown, Kolkata-700160

Memo No. WBSCTVESD/TED/I/2018-19/1221

Dated, 21 May, 2018

NOTIFICATION

SUB: AFFILIATION OF STVT COURSES Session: July, 2018 to June, 2020

This is for information of all concerned that the West Bengal State Council of Technical & Vocational Education & Skill Development (WBSCT&VE&SD) has decided to award affiliation to the following Short Term Vocational Training modules of 6 months and 1 year durations under self-financed mode.

Sl. No.	Name of Courses	Duration	Batch Size	Class Hours	Entry Qualification
1	Computer Application (CA)	1 yr	0.120		Qualitation
2	Hardware & Networking (HN)	1 yr			
3	DTP Multimedia (DTPM)	1 yr	1		
4	Automobile Repair & Maintenance (ARM)	1 yr			
5	Hospitality & Health Care (HHC)	1 yr			
6	Food & Beverages Services (FBS)	1 yr]		
7	Electrical Technician (ET)	1 yr			
8	Auto Mechanism (AM)	1 yr			
9	Garment Design & Needle Work (GDNW)	1 yr		For 6 months: Practical = 288 hrs	
10	Diesel/Petrol Engine Mechanic (DPEM)	1 yr		Theory = 67 hrs	Passed 10th Class Examination (Madhyamik or Equivalent)
11	Beautician/Hair Skin Care (HSC)	6 months	Min : 20 Max: 40	EDT *= 05 hrs TOTAL = 360 hrs For 1 year: Practical = 576 hrs Theory = 134 hrs EDT* = 10 hrs	
12	Computer Fundamental (CF)	6 months			
13	Computer Maintenance (CM)	6 months			
14	Desk Top Publishing (DTP)	6 months			
15	Fitting & Plumbing (FP)	6 months			
16	Mechanical Maintenance Fitter (MMF)	6 months			
17	Financial Accounting System (FAS)	6 months		$\frac{\text{TOTAL} = 720 \text{ hrs}}{\text{TOTAL}}$	
18	Auto CAD (ACAD)	6 months		7 20 1110	
19	Refrigeration & A.C. Mechanic (RACM)	6 months			
20	Welder (Gas & Electric) (WGE)	6 months			
21	Hotel Operations (HO)	6 months			
22	Data Entry Operator (DEO)	6 months			
23	Construction Supervisor 'A' (CSA)	6 months			
24	Construction Supervisor '0' (CSO)	6 months			
25	Amin Surveyor (AS)	6 months			
* EDT : Entrepreneurial Development Training					

Norms and standards required to conduct STVT courses under the affiliation of this Council have been given in Annexure-I. Willing **Training Providers** having all facilities as specified in **Annexure-I** may apply to the Chief Administrative Officer of the Council in the prescribed format under **Annexure-II**. <u>Last date of application is 10.06.2018</u>.

Sd/-Senior Administrative Officer (TE) WBSCT&VE&SD (TED)

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Annexure - I

Norms and Standards required to conduct STVT Courses

1. Infrastructure:

Items	Details
Class Room	Minimum 200 sq. ft. for 20 trainees per course per batch. For increased intake, additional space will be required on pro-rata basis.
Workshop / Laboratory	Minimum 300 sq. ft. for 20 trainees per course per batch. For increased intake additional space will be required on pro-rata basis.
Library	Minimum 100 sq. ft.
Office Room	Minimum 100 sq. ft.
Staff Room	Minimum 50 sq. ft.
Student's Common Room	Minimum 100 sq. ft.
Toilet Blocks	Separate for Gents & Ladies
Drinking Water Facility	Adequate
Building	Ownership or Rented for 5 years at a stretch
Lighting	Adequate
Electrical Safety	As per standard norms
First Aid Facility	Adequate
Fire & Safety Measures	Adequate

2. Faculty:

Number of Teaching Faculty	Minimum 2 per course	
Faculty Qualification	Must possess certificate of minimum 1 year's course on	
	relevant fields from any recognised Institute or	
	University	
Mode of appointment	Full time/Part Time	

3. Equipment: As required to cover the whole syllabus

4. Class Hours:

For 6 months courses	Total 360 hours
For 1 year courses	Total 720 hours

5. Intake Capacity:

Minimum intake per course	20 (for single batch) for standard room sizes
Maximum intake per course	40 (for two batches) for standard room sizes

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Dated, 21 May, 2018

Annexure-II

			APPI	ICATI	ON FORMA	\T		
Name of the Centre								
Full Address with PIN								
ruii Audi ess witti Pin								
Mobile Number				Wheth	ner Govt. aided S	TVT Centre ? (Yes/No)		
Email Address								
Year of Establishment			Year of gra	nting affil	iation (1st time)	by the Council (if applica	able)	
Type of the Organisation	on (Society,	/NGO/Trust)						
Name of the Trust								
Cl	n Ni		D		D 1	C F	<i>(</i> : 1 :	C 11)
Sl. (Course Na	ıme	Du	ration	Proposed Intake	Course Fee	(inclusive c	or all)
1					11100110			
2								
3								
4								
5								
6								
Facilities N	Number			Cigo (I	x W) in Feet		Anna	(ca ft)
CLASSROOM	vuilibei			Size (L	x w j iii reet		Alea	(sq. ft.)
WORK SHOP /								
LABORATORY								
LIBRARY								
OFFICE ROOM								
STAFF ROOM								
STUDENT'S COMMON ROOM								
GENTS TOILET (YES/NO)					I ADIEC TO	LET (YES/NO)		
		E (NO)				LIGHT (YES/NO)		
DRINKING WATER FACILITY (YES/I				EII			n)	
ELECTRICAL SAFETY CERTIFICATE (YES/NO)				FIRE & SAFETY EQUIPMENTS (YES/NO)				
DITTI DINC COMMEDCH	ID /DENITE))		ID	DENITED FOR	HOWANA AND ADO		
BUILDING (OWNERSH FIRST AID (YES/NO)	IP/RENTED	0)				HOW MANY YEARS? RE WITHIN 4 KMS?		

West Bengal State Council of Technical and Vocational

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	Z		
	MACHINERIES & EQUIPMENTS AVAILABLE WITH	THE CENT	'RE
SL NO	NAME OF THE MACHINE/EQUIPMENT WITH CONFIGURATIONS	NUMBER	FOR STVT COURSE(S) (Give code only)
NO	WITH CONTROLATIONS		(dive code only)

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	FACULTY DETAILS					
COURSE CODE	NAME OF THE TEACHER	ENGAGEMENT STATUS (Full time / Part time)	HIGHEST QUALIFICATION	SPECIAL QUALIFICATION	EXPERIENCE IN YEARS	

	LIBRARY FACILITY				
SL NO	COURSE CODE	NUMBER OF BOOKS	NUMBER OF MAGAZINES		

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	DOCUMENTS TO BE ATTACHED					
SL NO	DOCUMENT NAME	ATTACHED (YES/NO)	REMARKS			
1	FORWARDING LETTER					
2	ROUTINE WITH TIME SCHEDULE & NAME OF FACULTY IN TABULAR FORM					
3	LAYOUT PLAN OF THE CENTRE SHOWING DETAILS					
4	DOCUMENT RELATED TO OWNERSHIP OR RENTED BUILDING					
5	CERTIFICATE RELATED TO ELECTRICAL SAFETY					
6	DOCUMENT RELATED TO FIRE & SAFETY					

DECLARATION

I do hereby declare that above information furnished by me is true to the best of my knowledge and belief. If any of the above furnished information is found to be false at any point of time in future, affiliation (if allowed) of the courses of my centre with the WBSCT&VE&SD will be cancelled automatically and I shall be liable for any punitive action to be taken by the Council in this regard. My centre will abide by all norms and standards of the Council in respect of conduct of STVT courses.

	Signature with seal & date
	of Authorised Signatory
Full Name of the Signatory:	
Contact mobile Number(s):	
Name of the STVT centre:	
District of the Centre :	
Land mark (if any) :	

: DISCLAMER :

Application to the Council in the above format for grant of affiliation to STVT courses and inspection of a Centre by the Council do not ensure affiliation.