

QAS Title:	Approval for Registration of Training Institute (New establishment)		
Name of Institute:			
PART 1: DECLARATION			
We the undersigned, hereby confirm and declare that:			
1. the information provided in the Registration form is true, complete and accurate;			
2. We will abide by the regulations for “Registration of Training Provider, 2010”;			
3. Any false, fictitious, or fraudulent information may be subjected to administrative penalties.			
SLN	Name	Signature	Date of physical verification conducted
1.			
2.			
Compliance to Regulations for Registration of Training Providers 2010:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Recommendations based on physical verification:			
<i>The above-mentioned committee members have conducted physical verification of the Institute as per the requirements specified in the Regulations for Registration of Training Providers 2010 and hereby:</i>			
<input type="checkbox"/> Recommend		<input type="checkbox"/> NOT Recommended	
PART 2: REVIEW & ENDORSEMENT COMMITTEE (REC) MEMBERS, TVET QUALITY COUNCIL			
Based on the report submitted by the Establishment Evaluation Committee members, the REC:			
APPROVED ()		REJECTED ()	
Signature of Review & Endorsement Committee (REC) members			
SLN	Name	Signature	
1.	Tshewang, Head, TVET QC		
2.	Tandin Dorji, QAS, TVET QC		
3.	Karma Loday, Specialist, TVET QC		
Date:			
Part 3: Endorsement by BQPCA			
<p>_____</p> <p>Dr Ugyen Tshewang (DIRECTOR)</p>			
			Date: _____

Physical Verification of Training Provider: New Establishment

Training Provider Details

1. Name of Training Provider/Institution:

2. Location: (Dzongkhag/Dungkhag)

Dzongkhag/Dungkhag	Place:
Permanent location (tick) <input type="checkbox"/>	Temporary Location (tick) <input type="checkbox"/>

3. Contact Address:

Telephone No:	Mobile No:	Fax No:	Email Address:
Postal Address(for mailing):		Website Address:	

4. Type of Ownership: Please tick the relevant box

Sole Proprietorship. <input type="checkbox"/>	Partnership <input type="checkbox"/>	FDI <input type="checkbox"/>	
Public (Govt.) <input type="checkbox"/>	Corporate <input type="checkbox"/>	NGO <input type="checkbox"/>	Others _____
Whether the institute is affiliated/accredited by other international agency:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If YES, specify the agency) _____	

5. Full Name and Designation of key contact person

Name: _____ Designation: _____

Criterion 1: Governance and Management

Indicator 1: Management/vision/mission/Operational plans	Yes/No	Remarks
1. Institute's Vision and Mission is well defined and displayed in prominent location in the Institute		
2. Established Management Academic Committee with proper TOR		
3. Have proper administration and financial system (organizational structure, job title, job responsibilities, trainee registry system, CD account)		
4. Established proper filing and record keeping system		
5. Whether the institute has signboard written in Dzongkha and English		
6. Displayed proper signage of all facilities (classroom, labs, offices, toilets)		
7. Established inventory system of tools, equipment, materials, and other resources		
8. Developed Institute General Rules and Regulations		
9. Others (if any)		

Criterion 2: Teaching learning Facilities and Resources

Indicator 2.1: Instructional guides/materials	Yes/No	Remarks
1. Developed course curriculum/profile for the course(s) (BQF/Non-BQF)		
2. Prepared Training Plans for the course(s)		
3. White/green board in classroom		
4. LCD projector and screen		
5. Relevant text book for trainees		
6. Teaching Aids (simulation equipment/models/charts)		
7. Trainee log book		
8. Training video/CDs		
9. Others (if any)		

Indicator 2.2: Tools and Equipment	Yes/No	Remarks
1. Sufficient hand tools for individual trainees		
2. Sufficient power hand tools (if required)		
3. Sufficient machines and accessories		
4. OHS equipment for trainees and trainers		
5. Computers for ICT/PTE classes (if required)		
6. Others (if any)		

Criterion 3: Physical Resources and Facilities

Indicator 3.1: Classroom, office, staffrooms	How many?	Sufficient (YES/NO)
1. Class room with adequate furniture, lighting, ventilation and power supply outlets		
2. Office room with adequate furniture		
3. Staff room with adequate furniture		
4. Meeting room with proper table and chair		
5. Others (if any)		

Indicator 3.2: Workshop/Laboratories/ outdoor training facilities	Yes/No	Remarks
1. Workshop/ Training Labs		
2. Outdoor training facilities for practical training (if required)		
3. Experiment laboratory for higher level courses (if required)		
4. Computer lab for trainees of ICT/PTE Classes (if required)		
5. Others (if any)		

Criterion 4: Human Resources (use additional sheet if necessary)

Indicator 4.1: Trainers						
Name	Sex		Qualification	Work Experience	Full time/ Part time	Proof of employment contract (Y/N)
	M	F	Education/ Training			
Total Number						

Trainer Trainee ratio in classroom (Please tick any relevant box)

1:15-20 1:21-25 1:26-30 (Other (please specify)

Indicator 4.2: Administrative Staff					
Name	Sex		Post (Designation)	Full time/ Part time	Nationality
	M	F			

Criterion 5: Support Facilities

Type of facilities	Yes/NO	Remarks
1. First Aid facility		
2. Washroom facilities (male/female)		
3. Library facilities/e-books/online materials		
4. Fire safety facilities (equipment)		
5. Safe drinking water (hot and cold dispenser)		
6. Heating and cooling facilities		
7. Access to recreational facilities		
8. Internet facility		
9. Photocopier/Printers		
10. Information/notice board		
11. Suggestion box/QR scan		
12. Canteen facilities		
13. Hostel facilities (if required)		
14. Auditorium (if required)		
15. Others (if any)		

Criterion 6: Courses (Please use additional sheet if required)

Course Title	Training Duration (Hrs)			Total duration	Fees per trainee	No. of trainee per course	Level: Certificate /Diploma	
	Theory	Practical	OJT					
Do you have prescribed curriculum for each course (please tick)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Note: 6 hrs= 1day. 5 days= 1 week. 36 weeks=1 year. OJT (on-the-job training)								

Declaration and Signature

I hereby confirm and declare that:

1. the information provided in this application is true, complete and accurate to the best of my knowledge at the time of completing this form
2. any false, fictitious, or fraudulent information may be subjected to administrative action
3. I understand that the information provided in this form will only be used for the purpose of registration with the TVET Quality Council

Name/ Signature of Team Leader

Name and Signature of Members

1. _____ 2. _____

Date -----

Documents/Evidence to be submitted :

1. Photograph of training facilities and resources
2. CV of trainers and other staff
3. Business registration license
4. Others (if any)

For Official Use Only

Verified by (Head, QAS)

Signature: _____

Date: _____

Shortcoming Report and Corrective Actions

The following shortcomings have been identified during the on-site evaluation of the Institute. Please take necessary corrective actions to rectify the shortcomings and inform the same to the TVET QC within the specified time agreed by the Institute. The TVET QC will further review the shortcomings and award Registration Certificate after fulfilling all the shortcomings.

Name and Signature of Member 1. 2.	<i>I hereby agree to take corrective action on time and report to TVET QC for action</i> (Signature of Principal/CEO/Director of Institute): _____
Verified by (Head QAS), TVET QC _____ Date _____	Agreed date of corrective actions to be submitted to TVET QC: Date: _____