**Additional Qualification Approval Form**

| **Center Name** |  | **Center Number** |  |
| --- | --- | --- | --- |
| **Center Coordinator** |  |
| **Email ID** |  | **Contact Number** |  |

| **Qualification (S) Title & Number seeking approval** (as presented in the B-TIC website) | **Expected date of offering** |
| --- | --- |
|  |  |
|  |  |
|  |  |

List of resources you have to deliver and assess the learners Provide evidences

| **Computer Lab** |  |
| --- | --- |
| **Online Resources** |  |
| **Library** |  |
| **Other** |  |

Team delivering, and assessing the proposed qualifications. CVs of the team must be attached in the application.

| **Name**  | **Highest qualification**  |
| --- | --- |
|  |  |
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|  |  |

I declare to the best of my knowledge, that Information given above and supporting documents attached are authentic and accurate and we have the capacity to deliver and assess the proposed qualification(s).

| **Name** |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |