Scientific and Technical Education Forum, New Delhi

Authorized Training Centre

Application Form

• Please complete all sections and submit this form, along with any supporting documentation, to stefnewdelhi@gmail.com

Organization Information:

Organization Name:	
Contact Person Name:	
Title:	
Email Address:	
Phone Number:	
Website (if applicable):	

Training Focus:

• Briefly describe the fields your organization specializes in for training purposes



Describe the types of training
programs you currently offer

Briefly outline your typical
training development process

Faculty Qualifications:

• Describe the qualifications and experience of your training staff:

SI No	Name	Qualification	Experience
1			
2			
3			
4			
5			

• Please include resumes or CVs of key trainers.

Facilities and Resources:

• Describe the facilities and resources available for delivering training programs .

Number of Class Rooms	
Number of Labs	
Online platform, if any	

• Briefly explain how your training programs align with the STEF's educational objectives:

References:

• Please provide contact information (name, title, email address) for two references familiar with your organization's training programs.

Reference 1	
Reference 2	

Additional Information

• Is there any additional information you would like to share in support of your application?

Place:	
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Name & Signature

Date:

Please submit the completed application form along with the following supporting documents:

- Organization brochure or website printout (if applicable)
- Copies of relevant training program materials (e.g., course outlines)
- Letters of recommendation (optional)
 - Thank you for your interest in becoming a STEF Authorized Training Center. We look forward to reviewing your application.