



An Initiative Of Kerala State Co-operative Tourism Development Centre Ltd.
A State Level Co-operative Organization Under Department
Of Co-operation, Govt. of Kerala

APPLICATION NO : **FRANCHISEE APPLICATION & AFFILIATION FORM**

Name of the Institution/centre/organization		
Address with Post office, Pin code		
District, State, Country		
Land Phone No		
Mobile Phone No		
Website Address		
E-mail ID		
PAN Card No		
Whether registered as Public or Private Trust/ Company/Society/Partnership/Individual firm		
Name of the Director/Proprietor/Owner		
Communication details of the Director/ Proprietor/Owner	Mobile/Land Phone No	E-mail ID

CURRENT COURSE DETAILS

[illegible]

EMPLOYEE PROFILE

Sl.No	Name	Designation	Qualification	Year of Experience

INFRASTRUCTURE DETAILS

Whether the Regd. Building is own or rental									
Total space of the building (In Sq. Ft)									
Total No. of Class rooms/Training rooms									
Total No. of Practical Labs& Workshops									
Center Requirements				Area	Sqft	Area	Sqft	Area	Sqft
Machinery/Equipment used for training				Reception		Lobby		Store room	
				Class room -1		Sick room		Library	
Name of machinery		Name of equipment		Class room -2		Grooming room		Katts room	
				Class room -3		Admin/finance		Conference room	
				Faculty room		Toilet boys		First aid	
				Counseling room		Toilet girls		Pantry /Cafeteria	
				Centre Head room		Fire & Safety unit		Computer Lab	
				Remarks					
Whether the Institution is providing On job/ Onsite training for enrolled students									
Whether the Institution is providing Job Placement support for enrolled students									

FINANCE /ADMINISTRATION REVIEW

Sl.No	Particulars	Amount (INR)	Receipt No & Date	Transaction type & ID	Signature
1	Application form	1100			
2	Affiliation Fee CAT-1	50,000			
3	Affiliation Fee CAT -II	1,00000			

INSPECTION OFFICER'S REVIEW

Sl.NO	Name of Inspection officer	Inspection officer signature
Date:		

BOARD OF DIRECTORS/ PRESIDENT REVIEW AND GRANT

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SECRETARY REVIEW AND APPROVAL

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COURSES APPLIED FOR AFFILIATION

Sl.No	Course Name	Duration	Course Code

BANK ACCOUNT DETAILS

Account Name	
Bank Name & Branch	
Account No:	
IFSC Code	

DOCUMENT CHECK LIST

Sl.No	Document Name	Y/N
1	Formal request letter for affiliation in Institution letter pad with official seal	
2	Registration / Incorporation / Deed / Memorandum Certificate of the Organization	
3	PAN card copy	
4	Updated CV of the faculty members with their experience	
5	GST copy	
6	Fitness certificate from Corporation/ Municipality / Fire Force	
7	Fire and Safety Certificate	
8	Indian Non Judicial Stamp paper worth Rs.200 purchased in Institution name/Director name)	

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I will abide the rules and regulations / Instructions prescribed by KATTS and there for the conduct of ATC.If any deviation is noticed in my ATC in following the norms prescribed, I accept the cancellation of Affiliation at any time.I am also aware that, all the fees paid for affiliation is non-refundable under any circumstances.There is no case pending against we have never been black listed by any Govt. / Semi Govt. / Govt undertaking or by any Autonomous Organization

Place:

Date:

Office Seal

Signature of Head of the
Institution

Knowledge Partner Recommended or Not ☐ Yes ☐ No

Signature :

ATC DETAILS

Affiliation Date	
ATC Code	
ATC coordinator Name & Mobile No	

REMARKS

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KATTS
Kerala Academy of Travel and Tourism Studies

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