



PARSHVANATH CHARITABLE TRUST'S

A. P. SHAH INSTITUTE OF TECHNOLOGY

(Approved by AICTE New Delhi & Govt. of Maharashtra, Affiliated to University of Mumbai)
(Religious Jain Minority Institution)

Details of Training Proposal

1. Name of the Course/Training: _____

2. Name of Faculty/Trainer: _____

3. Qualification of Faculty/Trainer: _____

4. Parent Organisation of Faculty/Trainer: _____

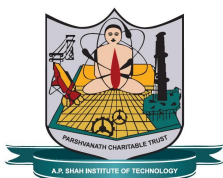
5. Address & Contact Details Parent organisation and Trainer:

Email ID: _____

Landline No: _____ Mobile No: _____

6. Outcome of the course/Training (What Student will be able to achieve):

7. Prerequisites of Course/Training (What students should have already learned) before
Joining Course/Training:



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8. Appropriate year of training(FE/SE/TE/BE):

☐ FE☐ SE☐ TE☐ BE

9. Duration of Course in Hrs/Weeks : _____

10. Is course proposed in Vacation or During academic session?

11. Method of monitoring Student Progress/Completion

12. Name of the Organization certifying completion of Course

13. Is globally recognised certification for the proposed Course like certification from original developer of technology

☐ Yes☐ No

If yes, fill up the following details

i. Examination Name & Fees required for Certification

ii. Nature of the Certification Exam like online/offline/other

iii. Nearby Centre for Certification Exam



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14. Recommended batch size for Course/Training(Minimum/Maximum)

15. Fees Per student for Course/Training

**16. Requirements from APSIT in terms of Hardware /Software /Infrastructure
/Stationary**

Date:

Name and Signature of Trainer