



QUALITY COUNCIL OF INDIA (QCI)

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002

Phone: +91-11-2337 8056 / 57; Fax: +91-11-2337 8678; E-mail: tchpscheme@qcin.org;

Web: <https://qcin.org/voluntary-certification-scheme-for-traditional-community-healthcare-providers-tchp>

APPLICATION FORM FOR RECOGNITION OF TRAINING INSTITUTE PROVIDING TRAINING TO TRADITIONAL COMMUNITY HEALTHCARE PROVIDERS (TCHP)

To apply for QCI recognition of training Institutes under TCHP Scheme, please complete this application form and send it to QCI at the address mentioned above accompanied by:

- 1. Documents as listed in Part IV of application;*
- 2. Application Fee (with applicable taxes) in favour of Quality Council of India.*

Before completing this application form and submitting application, relevant recognition for Training institute documents should be carefully studied. If any clarification is needed, please contact QCI.

If additional space is required for providing information to any item, the information may be annexed as a separate sheet.

Please provide information as per the format and in the space given.

PART – I		GENERAL INFORMATION			
1.	Name of the Institute				
2.	Address of Main Office				
		City			
		State		PIN	
3.	Contact Details	Phone			
		Fax			
		E-mail			
		Web			
4.	Name of the Director/Principal:				
5.	Year of Establishment of Institute				
6.	Total No. of learners				
5.	The Institute is imparting training to traditional community healthcare providers in following	Streams: (Mention specific streams)			
6.	Stream wise Batches	No. of Batches			
		Strength per Batch			



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7.	Medium of instruction in the Institute: English Hindi Any Other (please specify)	
8.	Details of Institute Governance	<i>Institute owned by</i>
		<i>Government/ Pvt.</i>
		<i>Trust/ Society</i>
9.	Is the Trust/ Society registered?	YES/NO
10.	If yes, under which Act?	
11.	Year of Registration	Registration No.
12.	Period up to which Registration of Trust/ Society is valid	
13.	Name & official address of the Owner/ President/Chairman/ Trustee of the Institute.	<i>Name</i>
		<i>Designation</i>
		<i>Address</i>
		<i>Phone No. with STD Code:</i>
		<i>Email address</i>
		(Note: Attach Registration Certificate as Enclosure -1)

Details of Registration and Affiliation	
14.	Is the Institute Affiliated with any Regulatory Body?
15.	If YES, please mention the following
a.	Name of the Body (s) with which affiliated
b.	Affiliation No.
c.	Year of affiliation



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d.	Is the affiliation permanent or temporary?	
	If the affiliation is temporary, up to what period?	
16.	State if there is any condition for affiliation? (Note: Attach affiliation certificate as Enclosure-2)	
Details of Infrastructural & Academic Facilities		
17.	Is the Institute located in a rented building or own building?	
18.	Physical Size: a) Area of Institute Campus	
	b) Built up Area (in sq. mtrs.)	
	c) Functional area (in sq. mts)	
(Note: Attach Building recognition document from competent Authority in Enclosure -3):		
19.	(a) Infrastructure Details Educational Facilities (Rooms, Library, Clinic and Laboratories, etc.)	

S. No.	Item	Number of Rooms	Area (in sq mtrs)
1.	Classrooms		
2.	Staff Rooms		
3.	Computer Lab		
4.	Clinic		
5.	Labs (Pl. specify)		
6.	Library		
7.	Other Rooms/ Hall		
8.	Auditorium		
9.	Principal's Room		
10.	Any other facility		
Details of equipment available for training and its age (Note: Attach detailed list of equipment and other material in Enclosure-4)			

20. Summary of Teaching Staff.

(Note : Attach detailed list of staff particulars in Enclosure-5)

Sl. No/	Name	Designation Degree /Diploma	Training Experience	Instruction Experience	Remarks

21. Administrative support staff.

(Enclose list of staff indicating qualification, experience in Enclosure -6)

S. No	Staff			Total	
	Permanent	Temporary	Part-Time		
1. Office Managers					
2. Clerks					
3. Lab Attendants					
4. Accountant					
5. Peons					
6. Others					

23. Other Facilities:	
<p>a) Number of Toilets: for Male, for Female</p> <p>b) Facility of Drinking Water – Yes/ No Number of Points Available.....</p> <p>c) Is Institute complying with regulatory norms for health and sanitary conditions, drinking water and fire safety? YES/NO</p> <p>d) Are compliance to the above (c) certificated by the competent authority (Please provide proof.) YES/NO</p> <p>(Attach Enclosure -7: Drinking Water; Enclosure 7: Health and Sanitary Conditions; Enclosure 8: Fire Safety)</p>	
24.	Library Facilities
a.	Total no. of Books
b.	No. of Magazine
c.	No. of Dailies (newspapers)
25.	Other Facilities available in the Institute
	Sports & Game, Recreation Room, Gymnasium, Music Room, Health and Medical Check up
26.	Audio-Video facilities available in the Institute
	Television, VCR/VCP, Tape Recorder, Multimedia Computer
Other Relevant Information	
27.	Does the Institute receive any grant from Govt. of India / State Government /Union Territory or any other source?



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(Attach – Enclosure -8: Details of grants received in last 3 years; Enclosure 9: Audited financial reports of last 3 years)

28.	What are the working hours of the Institute? (Summer/Winter)	
29.	Have you developed a Registration/ Operation Manual Yes/ No and related processes and procedures? Yes/No	

(Attach Manual, Institute Brochure and Associated Documents as Enclosure- 10 A, 10 B, etc.)

30. Please find enclosed the Demand Draft/ Cheque no..... for Rs..... dated drawn on.....in **favour of Quality Council of India**, payable at New Delhi towards the application fees.



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DECLARATION

I, the Authorized Representative on behalf of our Training Institute, agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI recognition of Training Institute under TCHP Scheme for Training Institutes, and declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. QCI criteria, requirements, procedures and documents have been read, understood and implemented.
3. Have adequate resources to undertake training work under the recognition of TI for TCHP Scheme, undergo training as well as maintain conditions for recognition, and shall pay all necessary fee and charges (including any applicable taxes) to QCI.
4. Shall ensure that the operations, staff and procedures of our Training Institute will always continue to comply with the QCI Scheme requirements and procedures.
5. Shall always maintain impartiality and integrity in training process.
6. Shall always provide, or give access to, all documents, records, information and facilities during the entire training process to enable a thorough assessment of our Training Institute and also later during the period of recognition.
7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by QCI.
8. Shall immediately notify QCI of any significant changes in organizational status / structure, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our recognition.
9. Shall undertake routine assessments, surveillances & reassessments as scheduled by QCI and also the verification or surprise visits as decided by QCI.
10. Any fee and charges payable by our Training Institute and which remains unpaid shall be recovered from our Training Institute with late payment charges as appropriate and decided by QCI.
11. If any information given along with this application is later found to be false, QCI may decide to cancel our application.
12. Shall always comply with all the updated requirements of the Scheme.

Authorized Representative

Signature

Name

Designation

E-mail

Date

Place