

**GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
HOME (Police Estt.) DEPARTMENT
5th Level, 'C' Wing Delhi Secretariat, I.P. Estate, New Delhi**

**FORM FOR RECOGNITION OF TRAINING INSTITUTES FOR TRAINING OF
SECURITY GUARDS AND SUPERVISORS
(See Rule 6)**

1. Name of the Institute:
2. Address of the Institute:
3. Name & Address of the Company/Firm/Agency of the Institute:
4. Name & Address of the Applicant:
(Person authorized on behalf of the Company/Firm/Agency)
5. (i) Name & Address of the Principal Instructor:
(ii) Qualification and Experience of the Principal Instructor:
6. No. of Instructors for Indoor Teaching :
(Proposed/Existing) (Their qualification and experience)
7. No. of Instructors for Outdoor Teaching :
(Proposed/Existing)
8. No. of Classrooms :
9. Size of each classroom :
10. Size of chambers of Principal Instructor, Instruction Staff, office space etc.:
11. Other indoor facilities viz. laboratory, computer option:
(size of each infrastructure and list of equipments placed for training)

12. Whether drinking water/sanitary facilities available:
(If yes, details thereof)
13. Whether open area available for physical training:
(If yes, area of the field)
14. Is it owned by the Company or on rent?
{If owned, documentary proof thereof. If on rent, registered rent agreement (for a period of minimum five years), along with NOC from the owner of the land, ownership proof of the owner}
15. Whether the building of institute and area for physical activities adjoining or not. (If not, how much is the distance between them, what mode of transport facility is proposed)
16. List of equipments to be used for physical training:
17. Whether there is arrangement for First Aid at the Institute:
(If yes, details thereof)
18. Whether there is arrangement regarding weapon handling and operation:
(If yes, details thereof)
19. Has the built up infrastructure been given building fitness certificate by CA.
(If yes, copy of the same)

Name & Address of the applicant

Date :