



IBOSD

International Board of Skills & Development

Making People Skilled and Certified

Corporate Verification Form

IBOSD/accreditation 001.rev.0/05/21

Name of the Organization seeking accreditation _____

Address _____

City/state/zip _____

Post office _____

Phone _____

Email _____

Website _____

Accreditation Sought for _____

Name of Lead tutor _____

Qualification _____

Number of years of experience _____

Email _____

Mobile number _____

Name of the Tutor _____

Qualification _____

Number of years of experience _____

Email _____

(In case of additional tutors use additional sheets)



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Do you provide any other training program Yes/No (mark the appropriate)

If yes, provide details

Are you accredited by any other awarding body Yes/No (Mark the appropriate)

If yes, provide details

Provide details of nature of business

Annual Turnover in USD

Number of branches

Total number of students

Do you have any certification (e.g.:- ISO 9001, ISO14001, ISO 45001) If yes provide details



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Training plan for the current year

My signature attests to the accuracy of the information submitted, permits verification by the Boards, and frees the Board of liability, should my application be rejected on the basis of investigation of my qualification

Signature of center head

Name of center head

Place

Date

