**Format for Submission of Applications**

**(Category 1 Organisations only)**

[Proposals must be direct, concise, and complete. Please don’t submit any loose documents. The EoI and the copy of all documents should be binded in a single document in A4 size. Make an effort to submit the proposals in handy size. Don’t change the serial number given in the format]

1. Name of applicant agency
2. Address
3. Type of entity
4. Number and Date of registration/incorporation of the applicant as a legal entity
5. Contact person

Name

Designation

Phone number

Email ID

1. Profile of the organisation (Please try to limit in four pages)
2. Core area of expertise of the organisation
3. Website
4. Profile of the head of the institution

Name :

Designation :

Educational Qualifications :

(Attach detailed CV)

Years of experience in the field of Skilling :

1. Staff details (in case of a consortium provide only details of the lead partner )

No of regular staff

No of full time staff appointed for limited period

No of Part time staff

Total Staff

1. Financial Details of the applicant for the last three years (in case of applying as a consortium provide only details of the lead partner)
2. Turn over details

|  |  |  |  |
| --- | --- | --- | --- |
| No | Financial Year | Annual Turnover | Whether financial statements are Audited |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Net-worth of the organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Financial Year | Assets as per audited statements | Liability as per audited statements | Not worth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of training experience of the organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Type of training Programme | No of candidates trained | No of candidates passed | No of candidates placed |
| 1 | SSC/NCVT course conducted |  |  |  |
| 2 | Other courses for sponsoring agencies\* |  |  |  |
| 3 | Any skill training course by charging full fee from candidates |  |  |  |

**\*** At least 75% of the training fee is paid by a sponsoring agency

12.1 Details of SSC/NCVT skill training courses conducted by the organisation (Last 3 years) -SSC and NCVT courses only as shown in item No 1 above

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name of Skill Training Course | Ref Code | Trained | Placed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

12.2 Details of other skill training courses conducted for sponsoring agencies\* by the organisation (Last 3 years) - Only the courses as shown in item No 2 above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of Skill Training Course | Curriculum developed by | Certification agency | Duration (In Hrs) | Trained | Placed |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

12.3 Details of skill training course by charging full fee from candidates by the organisation (Last 3 years) - Only the courses as shown in item No 3 above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of Skill Training Course | Curriculum developed by | Certification agency | Duration (In Hrs) | Trained | Placed |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Placement track record of the organisation for the above mentioned courses (only for candidates placed during two years including current financial year )

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name of employer | Name of course attended by the placed candidates | Duration of the course in hours | Trained | Placed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Details of training courses conducted for Government agencies for the last three years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name of Agency | Sanction No & Date | Month and Year of Completion | Total Trained | Total Placed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Details of skill training centres of the applicant organisation

|  |  |  |  |
| --- | --- | --- | --- |
| No | Location of centre | Total No of centres | Total Intake capacity |
| 1 | In the mission cities of Kerala (refer the list of cities) |  |  |
| 2. | In other locations of Kerala |  |  |
| 3. | Outside Kerala |  |  |
|  | Total |  |  |

* 1. Details of existing training centres of the applicant organisation in the mission cities of Kerala (refer the list of cities given at the end of this document)

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name and address of training centre | City | Intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Details of existing training centres of the applicant organisation in other locations of Kerala

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name and address of training centre | Location | Intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Details of existing training centres of the applicant organisation outside Kerala

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name and address of training centre | Location | Intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Skill Training Courses Proposed for NULM under this EoI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name of course | Sector | Course Code | Ongoing course or Proposed | Certifying agency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Details of courses proposed for NULM under this EoI (Provide the details for each of the courses proposed above)

Course 1.

|  |  |  |
| --- | --- | --- |
|  | Name of course |  |
|  | QP Ref/MES Ref No |  |
|  | In case of SSC course, do you have affiliation with the SSC |  |
| 4. | Major placement partners available for this job role |  |
| 5. | Is this an ongoing course or proposed one |  |
| 6. | If ongoing course, address of the centre(s) where this course is conducted. |  |
|  | Do you have a participant guide available for this course |  |
|  | Do you have a trainer guide available for this course |  |

Repeat table as per requirement

1. Details of Team of the Organisation involved in Planning /Teaching Learning Material Development and Training of Trainers.
2. Available Expert(s) for Planning of training programme and Development of Teaching Learning Materials (Including those available on consultancy arrangement – Attach a detailed CV)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Proposed course | Name Expert Available for Planning and TLM development | Educational Qualification | Industry experience in Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Available Expert (s) for Training of Trainers (Including those available on consultancy arrangement – Attach a detailed CV )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Proposed course | Name Expert Available for Planning and TLM development | Educational Qualification | Industry experience in Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Proposed training plan (Your capacity to mobilise, train and place the candidates in various trades in the mission cities of Kerala during next financial year - Give city wise numbers)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of Course | City 1 | City 2 | City 3 | City 4 | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Repeat the table if you can conduct training in more than four cities

**Place Name and Signature of the Authorised Signatory**

**Date**

**Encloses to the EoI**

* 1. Registration or Certificate of incorporation of the applicant organization as a legal entity.
  2. PAN card of the applicant organisation
  3. Audited statement of accounts for the last three years
  4. Copy of IT return for the last three years
  5. Net worth certificate from Chartered accountant for the last three years in prescribed format.
  6. CV of the Chief Executive of the organisation.
  7. CV of the board of directors/Official bearers/ Partners as is applicable depending on the status of registration of the organisation as a legal entity (CV of 3 -4 Leading Members)
  8. CV of the Academic coordinator/Skill training Coordinator (The person responsible for TLM development, ToT, Development of lesson plan, Internal assessments etc) for each courses proposed
  9. Letter of intent from the employers for placement in the proposed courses
  10. List of employees of the organisation
  11. Curriculum/QP of the courses proposed (QP in case the courses for which curriculum is not available.

**Format for Submission of Applications**

**(Category 2 Organisations only)**

[Proposals must be direct, concise, and complete. Please don’t submit any loose documents. The EoI and the copy of all documents should be binded as a single document in A4 size. Make an effort to submit the proposals in handy size. Don’t change the serial number given in the format]

1. Name of applicant agency
2. Address
3. Type of entity
4. Number and Date of registration/incorporation of the applicant as a legal entity
5. Contact person

Name

Designation

Phone number

Email ID

1. Profile of the organisation (Please try to limit in four pages)
2. Core area of expertise of the organisation
3. Website
4. Profile of the head of the institution

Name :

Designation :

Educational Qualifications :

(Attach detailed CV)

1. Present staff details (in case of a consortium provide only details of the lead partner )

No of regular staff

No of full time staff appointed for limited period

No of Part time staff

Total Staff

1. Financial Details of the applicant organisation for the last three years
2. Turn over details

|  |  |  |  |
| --- | --- | --- | --- |
| No | Financial Year | Annual Turnover | Whether financial statements are Audited |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. If you want to present the growth/performance of your organisation by any other indicator, please present below. (add row and columns as per requirement)

|  |  |  |  |
| --- | --- | --- | --- |
| No | Financial Year | Indicator | Performance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Net-worth of the organisation for the last three Financial years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Financial Year | Assets as per audited statements | Liability as per audited statements | Net worth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Core activities of the industry and skill development training requirement for each activity.

|  |  |  |  |
| --- | --- | --- | --- |
| No | Activities of the industry | Job roles/(s) required for the activity | Required Skills for the job role |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Details of orientation Programme/induction programme conducted by the organisation for the newly recruited staff of the organisation for the last three years

|  |  |  |  |
| --- | --- | --- | --- |
| No | Type of training | Duration of training  (In hours) | No of candidates trained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Give a brief note regarding the training design, methodology and implementation arrangements

1. Details of other training programmes conducted by the organisation for the last three years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Type of training | For whom | No of candidates Trained | Outcome |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Give supplementary note if necessary to give clarity regarding the objective, methodology and outcome of the training

1. Skill Training Courses Proposed for NULM under this EoI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name of course | Sector | Course Code | Whether this course is related your industry activity | Certifying agency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Details of courses proposed for NULM under this EoI (Provide the details for each of the courses proposed above)

Course 1.

|  |  |  |
| --- | --- | --- |
|  | Name of course |  |
|  | QP Ref/MES Ref No |  |
|  | In case of SSC course, do you have affiliation with the SSC |  |
|  | How many candidates can be absorbed in your organisation in a year in this job role |  |
| 4. | Major placement partners available for this job role in case of external placement |  |
| 5. | Whether it is related to the activity of your industry |  |
| 6. | If ongoing course, address of the centre(s) where this course is conducted. |  |
|  | Do you have a participant guide available for this course |  |
|  | Do you have a trainer guide available for this course |  |
|  | Will you be able to spare a training coordinator/master trainer for this course from the industry. |  |
|  | Master trainer/training coordinator Proposed from your industry for this course |  |
|  | Present designation of the master trainer(s)/training coordinator in your organisation |  |
|  | Educational qualification of the proposed training coordinator/master trainer |  |
|  | Years of experience of the proposed master trainer(s)/training coordinator in the relevant industry (Attach a detailed CV) |  |

Repeat table as per requirement to propose more than one course.

1. Details of the HR and Capacity building wing of the organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name | Designation | Educational Qualification | Relevant Industry Experience in Years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of training infrastructure available for conducting this course.

|  |  |  |  |
| --- | --- | --- | --- |
| No | Location and address of available centre | Area in Sq feet | Intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Proposed training plan (Your capacity to mobilise, train and place the candidates in various trades in the mission cities of Kerala during next financial year - Give city wise numbers)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of Course | City 1 | City 2 | City 3 | City 4 | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Repeat the table if you can conduct training in more than four cities

**Place Name and Signature of the Authorised Signatory**

**Date**

**Encloses to the EoI**

* 1. Registration or Certificate of incorporation of the applicant organization as a legal entity.
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  4. Copy of IT return for the last three years
  5. Net worth certificate from Chartered accountant for the last three years in prescribed format.
  6. CV of the Chief Executive of the organisation.
  7. CV of the board of directors/Official bearers/ Partners as is applicable depending on the status of registration of the organisation as a legal entity (CV of 3 -4 Leading Members)
  8. CV of the Academic coordinator/Skill training Coordinator (The person responsible for TLM development, ToT, Development of lesson plan, Internal assessments etc) for each courses proposed
  9. Letter of intent from the employers for placement in the proposed courses
  10. List of employees of the organisation
  11. Curriculum/QP of the courses proposed (QP in case the courses for which curriculum is not available.

**Format for Submission of Applications**

**(Category 3 Organisations only)**

[Proposals must be direct, concise, and complete. Please don’t submit any loose documents. The EoI and the copy of all documents should be binded as a single document in A4 size. Make an effort to submit the proposals in handy size. Don’t change the serial number given in the format.]

1. Name of applicant agency
2. Address
3. Type of entity
4. Number and Date of registration/incorporation of the applicant as a legal entity
5. Contact person

Name

Designation

Phone number

Email ID

1. Profile of the organisation (Please try to limit in four pages)
2. Core area of expertise of the organisation
3. Website
4. Profile of the head of the institution

Name :

Designation :

Educational Qualifications :

(Attach detailed CV)

1. Details of educational institutions under the organisation having affiliation with universities or board of technical education

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name and Address of institution | Affiliated to | Annual intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Present staff details (in case of a consortium provide only details of the lead partner )

No of regular staff

No of full time staff appointed for limited period

No of Part time staff

Total Staff

1. Financial Details of the applicant organisation for the last three years
2. Turn over details

|  |  |  |  |
| --- | --- | --- | --- |
| No | Financial Year | Annual Turnover | Whether financial statements are Audited |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Net-worth of the organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Financial Year | Assets as per audited statements | Liability as per audited statements | Net worth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of courses conducted by the educational institutions under the organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name and location of institute | Professional/ Vocational courses conducted | Duration in months | Annual intake capacity |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Campus recruitment and placement track record of the organisation for the last three years

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Name of course | Name of organisation placed candidates through campus recruitment | No of candidates trained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal of the year | xxxxxxxxxxxxxxxxxxxxxxxxxxxx |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal of the year | xxxxxxxxxxxxxxxxxxxxxxxxxxxx |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Subtotal of the year | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  |

1. Skill Training Courses Proposed for NULM under this EoI (Propose only the courses as per MES course curriculum developed by NCVT or as per the Qualification Packs designed by Sector Skill Councils)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name of course | Sector | Course Code | Whether this course is related your industry activity | Certifying agency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Details of courses proposed for NULM under this EoI (Provide the details for each of the courses proposed above)

Course 1.

|  |  |  |
| --- | --- | --- |
|  | Name of course |  |
|  | QP Ref/MES Ref No |  |
|  | In case of SSC course, do you have affiliation with the SSC |  |
|  | IF you don’t have affiliation, are you willing to take affiliation with concerned SSC for this course. |  |
|  | Major placement partners available for this job role after successfully completing the training batches |  |
| 5. | Name of course conducted by your organisation in this domain at present |  |
|  | Will you be able to spare a training coordinator/master trainer for this course from your institution |  |
|  | If yes, Master trainer/training coordinator proposed from your organisation for this course |  |
|  | Present designation of the master trainer(s)/training coordinator in your institution. |  |
|  | Educational qualification of the proposed training coordinator/master trainer |  |
|  | Years of experience of the proposed master trainer(s)/training coordinator in the relevant domain (Attach a detailed CV) |  |

Repeat table as per requirement to propose more than one course.

1. Details of training infrastructure available for conducting this course.

|  |  |  |  |
| --- | --- | --- | --- |
| No | Location and address of available centre | Area in Sq feet | Intake capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Proposed training plan (Your capacity to mobilise, train and place the candidates in various trades in the mission cities of Kerala during next financial year - Give city wise numbers)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of Course | City 1 | City 2 | City 3 | City 4 | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Repeat the table if you can conduct training in more than four cities

**Place Name and Signature of the Authorised Signatory**

**Date**

**Encloses to the EoI**

* 1. Registration or Certificate of incorporation of the applicant organization as a legal entity.
  2. PAN card of the applicant organisation
  3. Audited statement of accounts for the last three years
  4. Copy of IT return for the last three years
  5. Net worth certificate from Chartered accountant for the last three years in prescribed format.
  6. CV of the Chief Executive of the organisation.
  7. CV of the board of directors/Official bearers/ Partners as is applicable depending on the status of registration of the organisation as a legal entity (CV of 3 -4 Leading Members)
  8. CV of the Academic coordinator/Skill training Coordinator (The person responsible for TLM development, ToT, Development of lesson plan, Internal assessments etc) for each courses proposed
  9. Letter of intent from the employers for placement in the proposed courses
  10. List of employees of the organisation
  11. Curriculum/QP of the courses proposed (QP in case the courses for which curriculum is not available.