ANNEXURE-A

**APPLICATION FORM FOR AFFILIATION OF TRAINING PROVIDERS WITH POWER SECTOR SKILL COUNCIL**

**GENERAL INSTRUCTIONS**

1. A print-out of this application form along with hard copies of the relevant documents has to be sent to PSSC by the TP.
2. Each and every page should be stamped and signed (Authorized Signature) by the applicant TP.
3. A declaration/board resolution should be furnished by the TP endorsing the authorized signatory.
4. In addition to hardcopy, please submit the scan copy of the application form and the requisite supporting enclosures (please scan the application documents after stamping and signing).
5. Any training Batch may be subject to random audit for compliance.
6. The information need to be filled in separately for each centre.
7. Fees Structure

|  |  |  |
| --- | --- | --- |
| **Category** | **Training Partner Affiliation Fee**  **Amount in Rupees** | **Remarks** |
| 1. Training Provider Relationship Fee | Rs. 25,000/- | Annual per centre per occupation |
| 2. a) Trainee Certification Fee  (Royalty)  (Fresh Trainees)  b) Trainee re-certification Fee  **\*** | Short-term < 2wks – Rs. 100/-  Short-term 2-4 wks – Rs. 150/-  Medium-term 4-6 wks – Rs. 250/-  Long-term 6-12 wks – Rs. 350/-  Rs. 50/- | Per Trainee certificate  Per Trainee Certificate renewal every 5 years. |
| 3. a) Trainer Certification Fee  b) Trainer re-certification Fee  c) Training of Trainer | Rs. 1,500/- with increase of 10% in 5th and 8th year.  Rs. 500/-  \* | Per Trainer certificate  Per Trainer Certificate renewal every 5 years.  \*Per Trainer Training on need basis subject to Actuals |

**\***For RPL cases, the rates will be separately and mutually decided.

1. Any other expense towards activity performed, but not reflected above will be charged separately.

Note: a) Fees are non-refundable;

b) Taxes, if applicable, would be over and above the mentioned fee structure;

c) All fees are subject to change with prior notice of 90 days;

d) All fee payment has to be made strictly from TPs official bank account as intimated in the affiliation document.

e) Please remit Affiliation Fees via NEFT/RTGS details as under and send confirmation mail of the payment at [**pssc@cbip.org**](mailto:pssc@cbip.org)

Name of the Bank : CANARA BANK

Address : Diplomatic Enclave, New Delhi – 110 021

Bank Account No. : 0157101029531

IFSC Code : CNRB0000157

MICR No. : 110015007

**APPLICATION FOR AFFILIATING FOR THE FOLLOWING JOB ROLES (AS PER QUALIFICATION PACKS):**

1.

2.

3.

**Section 1: Institution and Management Profile**

1. Name of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Whether NSDC funded – Yes / No

If Yes, provide details alongwith the supporting documents

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name/s of the Director/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Details of the Institution:
   1. Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Phone No. with STD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email of the Director/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year of Establishment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Prior Exposure of the Institution in Skill Development Space

* NSDC/NSQF Framework
* Otherwise

7. Medium of instructions in Institute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| English |  | Hindi |  | Any Other |

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Details of Self Owned/Franchisee/Mobile Training Centres:

(Give separate break-up)

Self Owned Franchisee Mobile Total

**[Attach the list of Training Centres as Enclosure 1 (Annexure 1.a, 1.b and 1.c)]**

9. PAN No. and TAN No. of the Institute: \_\_\_\_\_\_\_\_\_\_

**(Attach photocopy of the PAN card and IT returns of last three years as Enclosure 2)**

1. Turnover of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Audited balance sheet of last 3 years as Enclosure 3)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Is the Institute Recognized with any bodies? |  | Yes |  | No |

1. If Yes, Please mention the following:
   1. Name of the Body with which recognized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Recognition No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Year of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Validity of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Recognition certificate as Enclosure 4)**

13. Is the Institute Affiliated with any Regulatory Body?

Yes No

1. If Yes, Please mention the following:
   1. Name of the Regulatory Body with which affiliated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Affiliation No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Year of Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Validity of affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Affiliation certificate as Enclosure 5)**

1. Educational Qualifications and Experience of the Director/s and the Management Team members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the | Educational | Overall | Prior | Key |
| Director/ | Qualifications | Work | Experience | Achievements |
| Management |  | Experience | in the | in the Skills |
| Team |  | (in years) | Skills | Development |
| Members |  |  | Training |  |
|  |  |  | Space |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of the Operation Head and the Affiliation Coordinator of the TP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of | Educational | Overall | Prior | Key |
| the | Qualifications | Work | Experience | Achievements |
| Operations |  | Experience | in the | in the Skills |
| Head and |  | (in years) | Skills | Development |
| Affiliation |  |  | Training |  |
| Coordinator |  |  | Space |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Provide the Contact Details of the Directors/ Management Team/ Operations Head/ Affiliation Coordinator

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Address | Contact Numbers | Email-ids |
|  |  | – Both Land Line |  |
|  |  | and Mobile |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2: Quality Aspects in Institution Governance**

18. Does your Institution have a “Mission Statement”?

Yes No

1. If Yes, please write the Mission Statement in the space provided below:

20. Does your Institution have as “Operations Manual”?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

21. Please certify if your “Operational Manual” cover the aspects mentioned below in the table. At the time of affiliation assessment, the Operations Manual will have to be presented for physical verification.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Background of the Institution |  |  |
| Organization Structure |  |  |
| Details of other Affiliations, if applicable |  |  |
|  |  |  |
| Industry/Employer Linkages |  |  |
| Profile of Senior and Middle Management |  |  |
|  |  |  |
| Profile of trainers |  |  |
| Details of Infrastructure, workshop, |  |  |
| store etc. |  |  |
| Process of internal evaluation |  |  |
| Placement cell details and its placement track record |  |  |
|  |  |  |
| Courses offered |  |  |

1. In the space provided below, provide the financial resources which shall be capable of sustaining a sound vocational educational program consistent with its stated mission and objectives.

|  |
| --- |
|  |

1. Provide the list of all statutory and regulatory compliances followed by the Institution.

|  |
| --- |
|  |

**Section 3: Training Operations – Processes**

1. Details of documented process for management of Human Resources. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Recruitment guidelines and criteria based |  |  |
| on required competencies |  |  |
| Process of reviews to identify competency |  |  |
| gaps vis-à-vis requirement in the in-house |  |  |
| talent |  |  |
| Training and professional development |  |  |
| plan and processes |  |  |
| Maintaining records of qualifications and |  |  |
| experience |  |  |
| Process of motivation and enhancement |  |  |
| of self-esteem amongst the staff |  |  |

25. PSSC Specific - Details of the Teaching Staff.

**(Attach CVs of all the teaching staff as Enclosure 11)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. N | Name | Designation | Degree/ | Training | Industry | Instruction | Regular/ |
|  |  |  | Diploma | Certificate | Experience | Experience | Visiting |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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26. Have the Trainers undergone any specialized training?

Yes No

**(If Yes, attach the Details of the training as Enclosure 12)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 27. | Administrative Support Staff. | | | |  |
|  |  |  |  |  |  |
| S. |  | Staff | Permanent | Temporary/Part-Time | Total |
| No. |  |  |  |  |  |
| 1. |  | Office Manager |  |  |  |
| 2. |  | Office Staff |  |  |  |
| 3. |  | Lab Attendants |  |  |  |
| 4. |  | Accountant |  |  |  |
| 5. |  | Support Staff |  |  |  |
| 6. |  | Others |  |  |  |

28. Details of the Curriculum of all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development |  |  |
| of curriculum on the basis of QP and NOS |  |  |
| developed by PSSC |  |  |
| Review process to gauge the effectiveness |  |  |
| of the curriculum developed |  |  |
| Clear demarcation of time to theory and |  |  |
| practical as per the criteria set by |  |  |
| regulatory bodies |  |  |
| Pedagogy inclusive of time schedule and |  |  |
| lesson plan |  |  |
| Process of SME engagement in curriculum |  |  |
| design and development |  |  |
| Review process for approval of curriculum |  |  |
| from PSSC |  |  |

29. Details of the Courseware of all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors/subsequent learner assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of content/courseware on the basis of QP and NOS based curriculum approved by PSSC |  |  |
| Existence of Facilitators Guide |  |  |
| Existence of Trainer Guide |  |  |
| Existence of Participant Manuals |  |  |
| Existence of Assessment Guides |  |  |
| Existence of Participant Feedback Forms |  |  |
| Existence of Training Delivery Plans |  |  |
| Review process to gauge the effectiveness of the courseware developed |  |  |
| Process of SME engagement in courseware design and development |  |  |
| Review process for approval of courseware by PSSC |  |  |
| Declaration of conducting PSSC specific training for Participant with the list of identified stores mapped to each training centre |  |  |

30. Details of the Teaching Process for the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Time table |  |  |
|  |  |  |
| Delivery plan |  |  |
|  |  |  |
| Monitoring and evaluation process of |  |  |
| students – continuous assessments, tests, |  |  |
| examination etc. |  |  |
| Management of student evaluation |  |  |
| records |  |  |
| Lab/ workshop exposure and its linkage to |  |  |
| theoretical delivery |  |  |
| Industry visits |  |  |
|  |  |  |

31. Details of Training Methodology. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of training methodology

Existence of training aids

32. Details of Methodology adopted for Continuous Evaluation. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of Continuous

Evaluation

Documented process on student monitoring on learning

33. Details of Methodology adopted for Industrial Interface. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of engagement of experts from the industry

Documented process on integration of real life problems from the industry and exposing students sample solutions

34. Details of Methodology adopted for Student Development. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documented process of imparting soft skills training

Documented process of providing guidance to students on placements

Documented process on OJT/ Placement facilitation

35. Details on Student Admissions. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Printed brochure/ prospectus

Documented policy and procedures for admissions

Concessions policy

Process of keeping the safe custody of student documents

Student agreement with the institution at the time of admission

36. Provide the availability of aspects related to the Learning Environment:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Are the classroom illumination levels sufficient?

Are the classroom ventilated enough

Do the classroom and rest of the centre maintain the required cleanliness?

Do the classroom and rest of the centre weather protected

1. Library details
   1. Total number of Books related to the trade: Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Number of Magazine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Number of Dailies (newspapers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the details of availability of the following aspects related to Infrastructure:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Building Own/Rented/On Lease |  |  |
| Area of Institute Premises |  |  |
| Size of classrooms |  |  |
| Size of Labs |  |  |
| Size of workshops |  |  |
| Number of classrooms |  |  |
| Number of Labs |  |  |
| Number of workshops |  |  |
| Safe drinking water (yes/no) |  |  |
| Power backup (yes/no) |  |  |
| Separate toilet for Boys and Girls (yes/no) |  |  |
| Provision of transport facility, if applicable (yes/no) |  |  |
| Any other, please specify |  |  |

39. Ages of Critical Equipment that are more extensively used for Trade Training in the Workshop

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Trade | Facilities | No. | Average age | Remarks |
|  |  |  |  | in No. of Years |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

40. Details on Health and Safety of the learners. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Documented process of staff training on crisis handling |  |  |
| Availability of equipment required for covering indoor and outdoor emergencies |  |  |
| Documented process on providing training on the equipment on indoor and outdoor emergencies |  |  |
| Availability of equipment required for fire safety |  |  |
| Documented process on providing training on the fire safety equipment |  |  |
| Health policy including collections of required medical record of staff and students |  |  |
| Compliance to the regulatory norms related to health and sanitary conditions |  |  |
| Documentary proof of compliances certified by the competent authority |  |  |

**Section 4: Performance Measurement and Improvement**

41. Documentary evidences of suitable indicators to monitor and measure the performance. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Documented process of trade learning progress |  |  |
| Documented processes of workshop upkeep and modernization |  |  |
| Documented process on tracking health and safety incidences |  |  |
| Documented process on gathering feedback of placed students with the employers |  |  |
| Documented process of tracking trends in employability and placement record |  |  |

42. Documentary evidences of practicing continual improvement. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of taking student |  |  |
| feedback on curriculum |  |  |
| Documented processes of taking student |  |  |
| attendance |  |  |
| Documented process on tracking student |  |  |
| dropouts |  |  |
| Documented process on tracking student |  |  |
| performance on tests |  |  |
| Documented process of tracking teacher |  |  |
| attendance |  |  |
| Documented process of tracking |  |  |
| placement patterns |  |  |

43. Documentary evidences of Management Review. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Documented process of conduction of Management Review Meetings (MRM) |  |  |
| Documented processes of taking actions on the basis of MRM |  |  |
| Documented process on tracking Faculty Review |  |  |
| Documented process on tracking training needs of the faculty by the management |  |  |
| Documented process of tracking student complaints and redress of the same |  |  |
| Documented process of analysis of student feedback |  |  |
| Documented process of analysis of results in skills assessment |  |  |

44. Documentary evidences of mechanism on Complaint Handling. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process on Information |  |  |
| Sharing on complaints with all |  |  |
| stakeholders |  |  |
| Documented processes of |  |  |
| acknowledgement of receipt of complaint |  |  |
| Documented process on investigation of |  |  |
| the student complaint |  |  |
| Documented process of tracking training |  |  |
| needs of the faculty by the management |  |  |
| Documented process of tracking student |  |  |
| complaints and redress of the same |  |  |
| Documented process of closure of the |  |  |
| student complaint |  |  |
| Documented process of keeping record of |  |  |
| student complaint |  |  |

**Other Relevant Information**

45. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source?

**(Attach details of grants received in last 3 years as Enclosure 17)**

**Performance Review**

1. **Overall**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo.** | **Performance Criteria** | **Unit of Measurement** | **2014-15** | **2013-14** | **2012-13** | **Remarks** |
| 1. | Utilization of Students seating capacity | % |  |  |  |  |
| 2. | Retention Rate (Of students admitted) | % |  |  |  |  |
| 3. | Students/Teaching Staff | Ratio |  |  |  |  |
| 4. | Pass out (of students appeared) | % |  |  |  |  |
| 5. | Students on completion got jobs | % |  |  |  |  |
| 6. | Total yearly expenditure/initial budget sanctioned | % |  |  |  |  |
| 7. | Students on completion expressing satisfaction on quality of training | % |  |  |  |  |
| 8. | Teachers expressing satisfaction on all round conditions of the VTP | % |  |  |  |  |

1. **Tradewise**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SNo.** | **Course Name** | **Duration** | **No. Of batch/year** | **Students in each batch** | **No. Of trainees appeared for Exam** | **No. Of trainees placed** | **Remarks** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

46. Please find enclosed the Demand Draft/Cheque no.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_

drawn on \_\_\_\_\_\_\_\_\_\_ **in favour of** **“Power Sector Skill** **Council”,** payable at New Delhi towards the application fees.

**Declaration**

I hereby declare the above information is true and correct as per my knowledge.

Authorised Signatory

(With Official Seal)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SNo.** | **List of Enclosures** | **Enclosed** |
| 1. | List of Branches | Yes / No |
| 2. | PAN and IT Return | Yes / No |
| 3. | Audited Balance Sheet | Yes / No |
| 4. | Registration Certificate of Trust/Society | Yes / No |
| 5. | Copy of Recognition Certificate | Yes / No |
| 6. | Copy of Affiliation Certificate | Yes / No |
| 7. | All Proof of Delivery of Govt. (Central/State/U.T.) sponsored skilling programs in last two years till 31st March 2015 | Yes / No |
| 8. | Building Approval Document | Yes / No |
| 9. | Staff Particulars | Yes / No |
| 10. | CVs of the Teaching/Training Staff | Yes / No |
| 11. | Training detail of Staff | Yes / No |
| 12. | Drinking Water | Yes / No |
| 13. | Health and Sanitary Conditions | Yes / No |
| 14. | Fire Safety | Yes / No |
| 15. | Bus Service Details | Yes / No |
| 16. | Details of Grants received in last 3 years | Yes / No |
| 17. | Details of physical infrastructure i.e. no. and capacity of classroom with audio visual facilities, workshop laboratories, library hostels, etc. A brief write-up with photographs to be attached. | Yes / No |

(Annexure 2 on letter head)

Date:

To,

The Chief Executive Officer (CEO)

**Power Sector Skill Council**

Plot No. 4, Institutional Area

CBIP Building, Malcha Marg

Chanakyapuri

New Delhi – 110 021

Sub.: Undertaking of Staff Details

Respected Sir,

This is to declare our Staff Details.

|  |  |  |
| --- | --- | --- |
| **Name of the Employees** | **Designation** | **Employees Category (Permanent/Temporary/Contract)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Thank you.

Yours,

(Sign and Stamp)

Name

Designation

Contact Number

(Annexure 1.a on letter head)

Date:

To,

The Chief Executive Officer (CEO)

**Power Sector Skill Council**

Plot No. 4, Institutional Area

CBIP Building, Malcha Marg

Chanakyapuri

New Delhi – 110 021

Sub.: Undertaking of Self Owned Centres

Respected Sir,

This is to declare our self-owned and self-operated centres, as detailed below:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo.** | **Name of the Centre** | **Location** | **Address** | **Centre Head** | **Centre Head Contact details** | **Centre Coordinator Contact details** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please find enclosed the Lease/Rent/Sale agreement of the above mentioned centres along with this declaration.

We confirm that all the details provided in this declaration is correct, updated and as per our best knowledge.

Thank you.

Yours,

(Sign and Stamp)

Name

Designation

Contact Number

(Annexure 1.b on letter head)

Date:

To,

The Chief Executive Officer (CEO)

**Power Sector Skill Council**

Plot No. 4, Institutional Area

CBIP Building, Malcha Marg

Chanakyapuri

New Delhi – 110 021

Sub.: Undertaking of Franchisee (Centres)

Respected Sir,

This is to declare our franchisee centres, as detailed below:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo.** | **Name of the Centre** | **Location** | **Address** | **Centre Head** | **Centre Head Contact details** | **Centre Coordinator Contact details** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please find enclosed the franchisee agreement of the above mentioned centres along with this declaration.

We confirm that all the details provided in this declaration is correct, updated and as per our best knowledge.

Thank you.

Yours,

(Sign and Stamp)

Name

Designation

Contact Number

(Annexure 1.c on letter head)

Date:

To,

The Chief Executive Officer (CEO)

**Power Sector Skill Council**

Plot No. 4, Institutional Area

CBIP Building, Malcha Marg

Chanakyapuri

New Delhi – 110 021

Sub.: Undertaking of Mobile (Centres)

Respected Sir,

This is to declare our mobile centres, as detailed below:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNo.** | **Name of the Centre** | **Location** | **Address** | **Centre Head** | **Centre Head Contact details** | **Centre Coordinator Contact details** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please find enclosed the mobile agreement of the above mentioned centres along with this declaration.

We confirm that all the details provided in this declaration is correct, updated and as per our best knowledge.

Thank you.

Yours,

(Sign and Stamp)

Name

Designation

Contact Number

|  |  |  |  |
| --- | --- | --- | --- |
| **Affiliation Document Checklist** | | | |
| **SNo.** | **List of Documents** | **Enclosed** | **Nature of Documents** |
| 1. | Cover Letter | Yes / No | Mandatory |
| 2. | Application Form | Yes / No | Mandatory |
| 3. | List of Branches | Yes / No | Mandatory |
| 4. | PAN and IT Return | Yes / No | Mandatory |
| 5. | Audited Balance Sheet of Last Three Years | Yes / No | Mandatory |
| 6. | Registration Certificate of Trust/Society | Yes / No | Mandatory |
| 7. | Building Approval Document | Yes / No | Mandatory |
| 8. | Staff Particulars | Yes / No | Mandatory |
| 9. | CVs of the Teaching/Training Staff | Yes / No | Mandatory |
| 10. | Training detail of Staff | Yes / No | Mandatory |
| 11. | Drinking Water Facilities Details | Yes / No | Mandatory |
| 12. | Health and Sanitary Conditions & Facilities Details | Yes / No | Mandatory |
| 13. | Fire Safety Facilities Details | Yes / No | Mandatory |
| 14. | Bus Service Facilities Details | Yes / No | Mandatory |
| 15. | MoU | Yes / No | Mandatory |
| 16. | Previous Training Record | Yes / No | Mandatory |
| 17. | Copy of Recognition Certificate | Yes / No | Mandatory |
| 18. | Copy of Affiliation Certificate | Yes / No | Mandatory |
| 19. | All Proof of Delivery of Govt. (Central/State/UT) sponsored skilling programs in last two years till August 15th 2015 | Yes / No | Mandatory |
| 20. | Details of Grants received in last three years | Yes / No | Mandatory |

Request to arrange all the documents as per the above mentioned sequence

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