**Annexure-1**

**APPLICATION FORM**

**EMPANELMENT OF TRAINING PARTNERS FOR ORGANIZING SKILL PROGRAMMES (2019-20)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Particulars** | **Details** | **Remarks** |
|  | Name and Address of the Organization / Institution with year of its establishment |  |  |
|  | Phone No. and E-mail | 1. Phone No.  2.Email ID: |  |
|  | Statutory details of financial matters  (License Number/Registration No./PAN/GST, etc.)\* |  |  |
|  | Details of Bank Account:  (i) Name of Bank  (ii) Account Number |  |  |
|  | Organization’s Turn-over\* (for the last 2 yrs.) | (i) 2017-18  (ii) 2018-19 |  |
|  | Name of the Chief Functionary with a copy of profile |  |  |
|  | Courses applied for | 1.  2.  3.  4.  5. |  |
|  | Infrastructure (**Trade wise**)\*   1. Faculty / Instructor (course wise) available 2. Tools, equipments, machineries available for the trades applied for | As at **List ‘A’**  As at **List ‘B’** |  |
|  | Experience in Conducting Training in relevant trades\* (indicate the number of years) | 1.  2.  3.  4. |  |
|  | Placement (Support facilities )**\*\*** | As at **List ‘C’** |  |
|  | Mobilization of trainees | As at **List ‘D’** |  |

Place: Signature of Authorized Signatory

Date: (Name & Designation)

Seal of the Organization

…………..………………………………………………………………………………………………………………………………………………………….

**\*Attach supporting documents like Balance Sheet, Registration Certificates, Work Orders, etc.**

**\*\* -** Please attach a statement showing the details of the Agencies/Organizations with whom the Applicant organization has **firm tie-ups**. Please **also** give number of beneficiaries (year-wise & course-wise) who were given placement / employment in particular organization in the last 3 years.

**Important Note:**  Please use **separate form** for (i) Placement services; (ii) Mobilization services; (iii) Trainings

**LIST-A**

**AVAILABILITY OF RESOURCE PERSONS (Trade-wise)**

**(Staff Position – all posts / all categories)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name and Designation** | **Qualifications** | | **Certified TOT**  **(Yes/No)** | **Experience**  **(in number of years)** |
| **Educational** | **Professional** |
| **1.** | **2.** | **3.** | **4.** | **5.** | **6.** |
|  |  |  |  |  |  |

**LIST-B**

**AVAILABILITY OF TOOLS, MACHINES, EQUIPMENTS FOR EACH OF THE TRADES APPLICABLE AS PER PMKVY/SSC/NSDC NORMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of Trade** | **Name / description & specification of Tools, machines & equipments available in the lab / workshop** | **Number of each item referred in Col. No. 3** | **Whether in full use**  **(say Yes or No)** |
| **1.** | **2.** | **3.** | **4.** | **5.** |
|  |  |  |  |  |

**LIST-C**

**PLACEMENT (Support Facilities)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Number / Name of organizations / offices/ firms/ Industries where the applicant organization is associated for placement of trained Personnel** | **Number of trained youth assisted in placement during the last 3 years in each of the organization etc. referred in Col.2** | **Approximate range of remuneration the trained youth were employed** |
| **1.** | **2.** | **3.** | **4.** |
|  |  |  |  |

***Note: This information is required for each of trades, the applicant organization proposes to be associated with CRISP***

**LIST-D**

**MOBILIZATION OF TRAINEES**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Number of schools with areas / locality the organization has live contact in the matter of mobilization service** | **Number of students mobilized for training during the last 3 years** | **Remarks**  **{Please attach a list of organizations agencies, training institutions where the job seeking youth were admitted during last 3 years for training}** |
| **1.** | **2.** | **3.** | **4.** |
|  |  |  |  |