

**Format of the Covering Letter**

**The Covering Letter is to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letterhead and official seal (Letter of authorization is also to be enclosed)**

**To**

**Mission Director  
Punjab Skill Development Mission  
Sector 17C, SCO 149-152,  
Chandigarh**

**Sub: Request for Empanelment as Training Partners under Skill Training Schemes under PSDM for project execution under category A or B (strike off whichever is not applicable)**

Dear Sir,

Please find enclosed Copy of our Proposal in respect of the Empanelment in Punjab in

PSDM, in response to the Expression of Interest (EOI) Document issued by the Punjab Skill Development Mission (PSDM), dated\_\_\_\_\_.

We hereby confirm that:

1. The proposal is being submitted by \_\_\_\_\_ (name of the agency who is the applicant, in accordance with the conditions stipulated in the EOI).
2. We have read the guidelines and EOI document in detail and have understood the terms and conditions stipulated in the EOI Document issued by PSDM. We agree and undertake to abide by all these terms and conditions along with subsequent communication from PSDM. Our Proposal is consistent with all the requirements of submission as stated in the EOI or in any of the subsequent communications from PSDM.
3. The agency has also read the detail guideline of Skill Development Schemes (including its various components) issued by competent authority and amended from time to time.

4. The information submitted in our Proposal is complete, is strictly as per the requirements as stipulated in the EOI, and is correct to the best of our knowledge and understanding. We would be solely responsible for any errors/omissions/false information in our Proposal. We acknowledge that PSDM will be relying on the information provided in the Proposal and the documents accompanying such Proposal for empanelment of the applicant for the aforesaid program, and we certify that all information provided in the application is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.

5. We acknowledge the right of PSDM to reject our Proposal without assigning any reason or otherwise and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

6. We fulfill all the legal requirements and meet all the eligibility criteria laid down in the EOI.

7. This Proposal is unconditional and we hereby undertake to abide by the terms and conditions of the EOI.

8. We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

9. We are enclosing DDs towards processing fee as under:

<b>Item</b>	<b>Amount</b>	<b>DD No.</b>	<b>Date</b>	<b>Bank</b>
Tender Cost	10000			
Processing Fee	25000			

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

**Applicant Details Category A or B  
(Strike off whichever is not applicable)**

**Declaration to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letterhead and official seal**

Sr. No.	Description	Details
1	Name of Legal Constitution of Applicant	
2	Type of Constitution	
3	Name of Authorized Signatory (enclose letter of authorization)	
4	Contact address and website address	
5	Registration Number	
6	Date of Registration	
7	Place of Registration	
8	Primary point of contact (for all sort of communication purposes (Contact No. & Email ID)	
9	Secondary Point of Contact (Contact No. & Email ID)	

**For and on behalf of:**

**Signature:**

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

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Please provide copy of the below mentioned:

- Copy of Registration/Incorporation Certificate
- Memorandum and Articles of Association (if any).
- Copy of MoA and Bylaws (if any).
- Copy of any other Registration Certificate which proves the legal identity of the agency

**Note: In addition to above documents, applicant needs to submit the copy of PAN Card & GST Registration Number.**

**ANNEXURE 3**

**Self Declaration for not being blacklisted**

We, M/s .....name, having its registered office at <<Office address>>, do hereby declare that M/S.....hasn't been blacklisted/ debarred by any donor agency/ State Government/ Central Government authority for breach on our part.

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

**Self-Declaration**

**Declaration to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letterhead with seal**

**To whomsoever it may concern**

On the basis of registration document/certificates, we M/s (Name of agency), having office at (Office address), hereby give our consent for following as per norms of PSDM (As amended from time to time):

1. To set-up dedicated Skill Development Center (SDC) as per given specification in the guideline with specified capacity and get it affiliated from respective Sector Skill Council (SSC).
2. To arrange sufficient space, furniture, equipment, tools, trainers, training aids, raw material, electricity, water supply and other essentials required for imparting training to youth in the proposed course(s).
3. To mobilize and counsel youth for training and taking up a job, wherever available (wage/self-employment) after training.
4. To hire/engage competent and eligible trainer(s) to undertake training in the proposed courses get them certified from respective Sector Skill Council (SSC).
5. To install Attendance system and Aadhar based bio-metric devices as per Scheme guideline.
6. To install CCTV cameras with HD video and Voice recording, which can be accessed through internet.
7. To arrange assessment and certification of trained youth as per Scheme guidelines.
8. To arrange employment for trained youth as per scheme guidelines.
9. To ensure tracking of placement of youth as per scheme guidelines.
10. To maintain records of trainings including the expenditure made for setting up and conducts of skill training programmes for 3 years.

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

## ANNEXURE 5

## Empanelment Details for TP/PIA's

**Declaration to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letterhead with seal (Use multiple tables for different schemes)**

Sr. No.	Particular	Scheme 1	Scheme 2
1	Partner under (Scheme Name)		
2	Sanction Order date & number		
3	MoU Signing Date		
4	MoU valid upto		
5	Allotted Sectors		
6	Allotted Districts		
7	Allotted targets		

**\*\*It is hereby declared that aforesaid MoU between (Project Approval Agency) and (Applicant agency name) is presently valid and not terminated as on date.**

**For and on behalf of:**

**Signature:**

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

***Note: Attach copy of MoUs and Sanction orders if any.***