

## Financial Details

**Declaration to be submitted under the signature of Chartered Accountant on Letterhead with his/her dated Sign and Seal**

## To Whomsoever It May Concern

On the basis of audited financial statements, we hereby certify that (Name of Agency) having registered office at (Office address) has an average turnover of Rs ..... from all the activities in last three financial years and average turnover of Rs ..... from skill development and placement linked programs in the past three financial years (2015-16, 2016-17, 2017-2018). The details of annual turnover are mentioned below:

Sl. No.	Financial Year	Annual Turnover (For last three financial years 2015-16, 2016-17 and 2017-18)	Net Profit (Profit after tax) from all the activities of the agency For last three financial years 2015-16, 2016-17 and 2017-18	Annual Turnover (From skill development & Placement linked Programs For last three financial years 2015-16, 2016-17 and 2017-18)
1	2015-16			
2	2016-17			
3	2017-18			
	<b>Average</b>			

***Note: Audited financial statements for the past three financial years (2015-16, 2016-17, and 2017-2018) should be submitted by the Applicant as a supporting document.***

Chartered Accountant:

(Authorized Representative with Signature & Seal)

Name

Registration No

Contact No.

Seal

Date:

Place:

## ANNEXURE A2

## Human Resource Details

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

We, M/s .....name, having its registered office at <<Office address>>, want to conduct the training in the .....districts in .....sectors (no.). The details of qualified & certified professionals for conduct of training is given below:

Type of Staff	No. of Trainers/Staff Available	No. of Trainers/Staff Certified as per SSC/NCVT/DGET/MSME/NIESBUD
Program Head		
Quality Head		
Placement Head		
Mobilization Head		
MIS Head		
Domain Trainer		
IT Trainer		
Soft Skill Trainer		
Other Staff (if any)		

**\*Certificate need to be attached for each certified Trainer/Staff along with Annexure A2.**

For and on behalf of:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

**ANNEXURE A3**

**Training Infrastructure Details**

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

**(If the applicant has more than one training centers then furnish the details separately in the same format using Annexure A3.1, A3.2 etc. separately)**

We, M/s .....name, having its registered office at <<Office address>>, want to conduct the training in the .....districts in .....sectors (no.).The address for the available training center is.....The below training infrastructure details are available with us:

<b>Particulars</b>	<b>Count</b>	<b>Area in sq. ft.</b>
Classrooms		
IT lab		
Staff Room		
Library		
Circulating area		
Boys and Girls Hostel		
Toilets (Boys/Girls) in Training Centers		

**\*The total area of the Training Centre is .....sq. ft. and the ownership of building is..... (Self Owned/Rented) Please attach photographs.**

**\*The Domain Lab is Available/Not Available in the above mentioned Training Centre for the Course Name.....with Course Code.....(Please Attach Photographs of the Domain Lab with equipment list)**

**\*Photograph need to be attached of the available Boys and Girls Hostels.**

For and on behalf of:

Name:  
 Designation:  
 (Authorized Representative with Signature & Seal)

Date:

Place:

**ANNEXURE A4**

**Employability Potential Assessment**

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

We, M/s .....name, having its registered office at <<Office address>>, want to conduct the training in the .....districts (no.) in .....sectors (no.). We did the Employability Potential Assessment based on .....Companies/Employer (no.) and .....youth (no.)

District	Sector	Course Name/ Job Role	No. of Students to be Trained	Name of the Company Assessed	No. of Employees Currently Working in the Company	No. of Potential Job offers to be made (Annual Basis)	No. of Potential Self Employment to be Created

For and on behalf of:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

**Note: 1. For Sector, Course Name/ Job Role, Please refer the NSDC/SSC Websites.**

**2. Above mentioned details should be backed by the information on the letterhead of the each company assessed - which is Annexure A5 for industry linkages**

ANNEXURE A5

Industry Linkages

This format strictly needs to be submitted on the Letterhead of the Recruiting Company with signature and seal (In case of multiple companies, kindly use the same format separately)

To

Dated:

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

Reference No.

Sub: Letter of Intent for M/S ..... (Applicant Agency Name) for the year 20.... /20...

Dear Sir/Madam,

M/S.....(Applicant Agency Name), in response to the Expression of Interest (EOI) for empanelment as Training Partner issued by the Punjab Skill Development Mission (PSDM), dated \_\_\_\_\_ is authorized Resource Partner with us.

We hereby confirm that we will recruit candidates as per below mentioned details from M/S..... (Applicant Agency Name) for the year 20.....

District	Sector/trade for recruitment	No of employees working in the company as on 31.12.18	Designation / Job profile for Recruitment	No. of candidates to be Recruited on annual basis	Tentative Salary to be offered to candidate (on Month Basis)

For and on behalf of:

Name:  
(Authorized Representative with Signature & Seal)  
Designation:  
Mobile No.:  
Email Id:

**Note: If this format is submitted by the Applicant Agency on its own letter head, it will not be considered**

## ANNEXURE A6

## Past Training and Placement details

This format strictly needs to be submitted on the Letterhead of the Project Approval Agency with signature and seal like NSDC/SRLM/State Skill Development Missions/MSDE/other Central or State Government Departments.

To

Dated:

Mission Director  
Punjab Skill Development Mission  
Sector 17C, SCO 149-152,  
Chandigarh  
Reference No.

**Sub: Training & Placement Details of M/S ..... (Applicant Agency Name) for the year 20.... /20...**

Dear Sir/Madam,

M/S.....(Applicant Agency Name), in response to the Expression of Interest (EOI) for empanelment as Training Partner issued by the Punjab Skill Development Mission (PSDM), dated \_\_\_\_\_ is empanelled as training partner under.....(Scheme Name) with us since.....(state year of empanelment)

We hereby confirm that the details of M/S.....(Applicant Agency Name), is hereunder:

Financial Year	Total Target of Candidates to be Trained	Total No. of Candidate Trained	Total No. of Candidates Certified	Total No. of Candidates Placed
2015-16				
2016-17				
2017-18				

For and on behalf of:

Name:

Designation:

(Authorized Representative with Signature &amp; Seal)

***For Example: If the Applicant Agency has executed a project under EST&P Component of NULM Punjab, In such case, the details to be furnished by PSDM on its letterhead.***

**Note: If this format is submitted by the Applicant Agency on its own letter head, it will not be considered**