

Annexure I: Template for the Initial Registration

S. No.	Fields	Additional Sub-fields
1.	Type of institution	Government, Private, Skill University
2.	Focus of Organization	Rural, Urban, Women, Minority, J&K, North East and LWE, Disability, Any Other
3.	Name of the Institution	
4.	Address	Postal Address Taluka/District: State Pin code: Telephone Number (0): Email Address: Website URL
5.	Contact Details of Legal Head/ Officiating Head	<ul style="list-style-type: none"> ▪ Name ▪ Phone Number ▪ Email id
6.	Details of Contact/Nodal Officer	<ul style="list-style-type: none"> ▪ Name of person responsible for the application process: ▪ Job title/ designation of officer: ▪ Phone number and email address for officer
7.	Sectoral Expertise	<ul style="list-style-type: none"> ▪ Name of Sector ▪ Number of years of operation
8.	Geographical Presence	<ul style="list-style-type: none"> ▪ Name of States of Operation
9.	Current status of affiliation: (if any)	<ul style="list-style-type: none"> ▪ Affiliated with SSCs: Name of the SSCs and affiliation Numbers/codes (if any) ▪ Affiliated with NSDC: Affiliation number (if any) ▪ Affiliated with NCVT (erstwhile) DGT file reference no.: ▪ Affiliated with GOI Ministry: Affiliation no. (if any) ▪ Affiliated with SCVT/SSDM/State authority Affiliation no. (if any) ▪ Affiliation with any other body: Affiliation to any government scheme:

Annexure II: Template of the Complete Application Form

Cover Letter:

(Date)

Dear Sir/Madam

Sub: Application for NCVET recognition for assessment agencies

I, the undersigned, hereby acknowledge that I have read and understood the requirements and conditions under the eligibility and continuation criteria mentioned in the Operational Manual and Guidelines for Recognition and Regulation of Assessment Agencies by National Council for Vocational Education and Training. I represent (name of the applicant organization) and have the legal authority to ensure commitment of my organization to uphold the requirements and conditions of NCVET recognition process.

I am aware that if the information contained in this application and self-evaluation is not valid/is falsified, then NCVET will forfeit the registration fee and my organization will no longer be eligible to be recognized.

I, the undersigned, will also ensure that the organization acts in accordance with the guidelines and procedures detailed in the Recognition and Regulation of Assessment Agencies by National Council for Vocational Education and Training- Guidelines and Operational Manual and understand that failure to do so will result in non-compliance, suspension, and possible withdrawal of recognition.

I understand that the NCVET absolves itself of any legal or financial liability arising out of any act involving any accidental or consequential damages to personnel/equipment at any time.

I am aware that the terms and conditions of NCVET recognition may be amended from time to time and that the updating of the same on the website and in writing shall constitute due notice.

I understand that it is the responsibility of my organisation (name of organization) to review these terms and conditions in order to maintain compliance.

Signed

(Name and Position)

On behalf of (name of the applicant agency)

Part A: Basic Details of the Organization

Sr. No.	Fields	Details
1.	Organization Name	
2.	Parent Company Name (if different)	
3.	Nature of legal entity (i.e. company, charitable trust, society etc.)	
4.	Permanent Income Tax Account Number (PAN)	
5.	GST Registration Number	
6.	Date of Establishment	
7.	Complete Address	
8.	Organization's Email ID	
9.	Website URL	
10.	Phone	
11.	Name, designation, and contact details of primary point of contact	
12.	Status of Application	Initial Application/On-going Recognition (As applicable)

The organization must submit the following documents also;

Part B: Legal status and infrastructure requirements

Name of document	Nature of document	Submitted (Yes/No)
Certificate of Registration and/or Article of Incorporation	Mandatory	
Society/ Trust Deed Agreement of NGO Registration Certificate issued by respective state	Mandatory (for NGOs)	
Permanent Account Number (PAN) and Goods and Services Tax (GST) registration details & any other statutory requirement under GoI/State Government	Mandatory	
For international agencies - <ul style="list-style-type: none"> ▪ Mutual Agreement Copy with Indian partner firm ▪ Shareholder Agreement with Indian partner firm Permission from Ministry of Home Affairs, submission of FCRA clearance certificate and evidence of separate bank account for foreign funds	Applicable only for foreign entities with registered Indian subsidiaries/partners	
Title deed and building plan	Mandatory (if office premises are owned)	
Lease Agreement for 3 years	Mandatory (if office premises are rented)	
Google Map snapshot showing location of	Mandatory	

organization's premise and allied transport connectivity		
Address proof for the premises -Copy of internet/telephone bill, not older than 3 months	Mandatory	
Affidavit by Authorized Person that the organization has not been blacklisted/defaulted by any agencies indicated in the Assessment Agency guidelines	Mandatory	
Copy of the consortium agreement (Letter of Intent or Memorandum of Understanding) with a clear mention of the lead partner.	Mandatory (if the applicant organisation is a consortium)	
Power of Attorney for Lead Member of Consortium	Mandatory (if the applicant organisation is a consortium)	
Minutes of the consultations held with industries and associations to design the assessment strategy for their greater participation in assessment process	Mandatory	
Self-declaration by the head of the organisation on the availability of assessments tools including ICT tools for assessment and monitoring	Mandatory	

Part C: Financial viability:

The organisation must submit the following documents:

Name of document	Nature of document	Submitted (Yes/No)
Annual Report and Audited financial statements of the entity, duly certified by the Chartered Accountant and filed with the Income Tax Authorities for preceding 3 financial years from the date of application along with audit report	Mandatory	
Income tax returns for preceding 3 financial years of the entity preceding 3 financial years from the date of application		
Minimum account balance certificate from the public/private sector bank	Optional	
ISO certificate / Rating report	Optional	

Part D: Senior Management Details (Includes Board members and 1 head of the organization) *

Name	Title/ Designation	Phone and Email Id	Address

- *Copy of Organogram/Engagement letter of Head of the Organisation delineating roles & responsibilities, tenure, and certificate of character (police verification)
- Copy of electricity/ telephone bill mentioning residential address of the Head of the Organisation
- Conflict of interest policy and mitigation mechanisms

The resumes of the senior personnel should be submitted in the format listed below along with the engagement letter:

Position /Title		Photo
Name of Professional		
Date of Birth		

a. Education:

Year	Degree/ Diploma	University/ College/ Institution

b. Employment Record:

Period	Employing organization and title/position. Contact info for references	Country	Summary of activities performed relevant to the during the tenure

c. Membership in Professional Associations and Publications

d. Adequacy for the Assignment:

Detailed Tasks Assigned in the Organization	Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks

Part E: Details of assessment staff
List of assessors/examiner/proctors

S.no	Name	Eligibility (Education)	Prior Experience	Certified (Yes/NO)	Tenure of engagement	Full time/part time

f. SME Details

S.no	Name	Prior experience	Tenure of engagement	

G. List of staff (other than ssors/examiner/proctors and SME) involved in assessment and monitoring

Part E: Prior Experience

Each of the projects/programmes that the organization has done has to be listed in the format listed below. Work order along with completion certificate/appointment certificate for each of the engagements have to be attached

Project name:		Country:
Name of Client: (if Any)		Project Location within country:
Start date (mon/yyyy):	Completion date (mon/yyyy):	Approx. Value of Services:
Name of any Associated Firms(s), if any:		No. of person-months of professional staff provided by Associated Firm(s):
Name of Senior Staff (Project Director/Coordinator, Team Leader) involved:		
Detailed Narrative Description of Project:		

Detailed Description of Actual Services Provided by the organisation:

Part F: Sectoral Credibility

I.

Name of Subject Matter Expert *	Date of joining (DD/MM/YY)	Location

II.

Name of Assessor/Examiner/Proctor*	Date of joining (DD/MM/YY)	Location

***Engagement letters to be submitted as supporting documents**

The resumes of the Subject Matter Experts (SME) must be provided in the same way as the senior management

Self-declaration on the number of assessments being carried out in the sector in which recognition is sought

Part G: Geographical credibility

I.

Name of Assessor/Examiner/Proctor*	Date of joining (DD/MM/YY)	Location

***Engagement letters to be submitted as supporting documents**

II. Accessible Assessment Tools

Name of courses offered	Name of the assessment tools	Availability in local language	Accessible for PwD (Yes/No)	Alternative for PwDs	Remarks (if any)

		(Yes/No)			

Self-declaration on the number of assessments being carried out in the geography in which recognition is sought

Part H: Grievance Redressal Mechanism

Presence of Grievance Redressal Committee (Yes/No)	Name of GRC Members	Contact Details

Presence of Prevention of Sexual Harassment at Workplace Committee (Yes/No)	Name of POSH Members	Contact Details

Part H: Prior Experience

The organization must enlist the details of the skill-based training and/or assessments undertaken prior to the application

Sr. No	Sector	Qualification Name	Name of Awarding Body (whose QP was assessed)	No. of batches trained and/or assessed

**training for the qualifications to be undertaken at least for a time period of one year. Part of the business/financial plan*

Part I: Continuous Professional Development of Staff

The organization must enlist the proposed and the continued measures undertaken for the CPD of the staff

Sr. No	Course Name	Target Audience	Course Duration	Course Fee	No. of batches trained and certified

**training for the courses to be undertaken at the assessment agency at least for a time period of one year. Part of the business/financial plan*

Part J: Comprehensive Business Plan:

The organisation must submit a comprehensive business plan with the following parameters being mentioned:

- Market research for trainings conducted state-wise
- Number of assessments that can be undertaken and revenue projections for the next 3 years

- Proposed number of assessors, subject matter experts and proctors to be employed
- Proposed monitoring and evaluation framework and risk mitigation strategies

Part K: Standard Operating Procedures (SOP):

The organization must submit evidence of the presence of standard operating procedures for the following thematic areas:

- Internal Quality Assurance
- Process of assessment planning and delivery
- Grievance
- Data management systems

Further, in the Operational Manual against each of the parameters, the SOPs have been mentioned and they must be shared with NCVET

Part M: Authorization Statement of the Organization

I, the undersigned, confirm the following:

- that the information contained in this application and all supporting evidence is correct and accurate, the property of the organization and that it reflects the organization’s business practice to the best of my knowledge.
- that this organization has not been blacklisted by any ministry, department, agency or undertaking of the Central or any State Government, nor has it at any time been indicted for corrupt and/or fraudulent practice.
- that I have never been involved in a business/institution which has been blacklisted by any ministry, department, agency or undertaking of the Central or any State Government, nor have I ever been indicted for corrupt and/or fraudulent practice nor of an offence against the law.
- that the organization nor I have linkages with other organizations or individuals which might constitute a conflict of interest.

Signature of legal head

Date

Office use only

Application checked by	
Registration No	
All required information provided	
Follow up action	
Date	