

Annexure 1

Self-declaration on Past Placement record in last three years

I/ We hereby declare that presently our Organization _____ applying for project proposal under Special Projects under PMKVY 3.0 has following past placement record in last three years for skill trainings implemented under PMKVY or any other Government sponsored scheme.

S. No	Year	Number/Percentage of candidates trained and placed					Name of Companies/ Industries where placed	Contact Details of Head HR	
		Trained	Placed	Sector Placed in	%age of placement	% of retention after 12 months of joining		Mob.	Official email

**Add additional sheets if required*

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....

(Mob) :.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Annexure 2**Letter of Recommendation**

Applicant (name of entity).....is recommended as an Agency to implement PMKVY Special Project for Ministry/Department of..... led program under Pradhan Mantri Kaushal Vikas Yojana (PMKVY) 3.0 funded by Ministry of Skill Development & Entrepreneurship (MSDE) and implemented by National Skill Development Corporation (NSDC).

Ministry/Department of..... Government of..... recommends targets for the Applicant as per format below, under PMKVY 3.0 for implementation of Special Projects.

Sr. No.	Applicant Name	NSDC Funded/Non-Funded TP ID	Training Center (TC)/Govt. Premises Address	TC Id (if SIP ID available)	QP Code	Job Role Name	Recommended Target

**This is for one Training Center (TC) for additional TCs add additional row(s).*

(In case targets under PMKVY 2.0 were approved for the applicant Ministry/Department and the Training partner being recommended here by the Ministry/Department was engaged in implementation of trainings with the applicant Ministry/Department, then the following details are required to be filled)

TP (name)..... was allocated.....targets under PMKVY 2.0 and Performance/Placement percentage (Placed/Certified) of TP in PMKVY 2.0 was recorded.....% (Minimum placement percentage required under PMKVY 2.0 was 70%).

Name of Authorized Govt. Signatory :.....

Designation

(not below the rank of Jt. Secretary with

Union Govt./Pr. Secretary with State Govt./Special. CP :.....
where Commissionerate /ADGP with States)

Signature and Stamp of Authorized Signatory :.....

Date: DD/MM/YYYY :.....

Contact detail of Authorized Signatory (e-id) :.....

(Mob) :.....

Board Resolution

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS/MEMBERS/TRUSTEES AT ITS MEETING HELD ON THE [] DAY OF [], 2021 AT (Address)

“RESOLVED:

THAT the Company/Society/Trust does approach National Skill Development Corporation (hereinafter referred to as the “NSDC”) for PMKVY 3.0 Special Projects RFP in response to the proposal application document issued by NSDC.

THAT the detailed Proposal in the prescribed format be duly filled and submitted to NSDC along with all necessary documents.

THAT the following directors/trustees/members/authorized signatories be and are hereby severally authorized to execute the documents, papers, guarantee, declaration, confirmation, affidavit, undertaking, indemnity, contracts and such other instruments/documents as security or otherwise, as may be required by NSDC.

S. No	Name	Designation

**Add rows in case of additional members*

THAT copies of the aforesaid resolutions certified to be true be furnished to NSDC”

CERTIFIED TO BE TRUE

For,

Signature
Name:
Designation:
Date:
Place:
DIN/PAN:

Signature:
Name:
Designation
Date:
Place:
DIN/PAN:

Waiver/Flexibility Required for Project Execution

Details of Waiver/ Flexibility:

- a).....
- b).....
- c).....

Explanation for seeking waivers/flexibilities:

a)	
b)	
c)	

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....

(Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Self-Declaration by Applicant pertaining to Blacklisting.

(On the letterhead of Applicant)

Note: Applicable for all except Government Departments/Organizations
Applicable for TP applying on recommendation letter of Government
Departments/Organizations

To
National Skill Development Corporation,
301, 3rd Floor, West Wing, World Mark 1
Aero City, New Delhi – 110037

In response to the RFP for Special Projects under PMKVY 3.0, I/ We hereby declare that presently our Organization _____ has an unblemished record and is not declared ineligible for corrupt and fraudulent practices, either indefinitely or for a particular period of time by any State/ Central ministry or any other Government department.

We further declare that presently our Organization _____ is not blacklisted/ debarred and not declared ineligible for reasons other than corrupt and fraudulent practices by any State/ Central ministry or other government department.

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, my/ our security may be forfeited in full, and the tender, if any, to the extent accepted, may be cancelled.

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....
(Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Trainer Profile- Declaration by the Applicant

(On the letterhead of the Applicant)

To
 National Skill Development Corporation,
 301, 3rd Floor, West Wing, World Mark 1
 Aero City, New Delhi – 110037

In response to the RFP for projects under Special Projects in PMKVY 3.0, I/ We hereby confirm the following profile of the trainers teaching domain/orientation in the sectors proposed:

Trainer Name	Educational Qualification	Overall experience in years	Trainer ToT certified (Yes/No)	Trainer Id on SIP	Years of Experience in Skilling

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, my/ our security may be forfeited in full, and the tender, if any, to the extent accepted, may be cancelled.

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....
 (Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Training Capacity basis available Infrastructure*

Training Center Particulars	Please fill in the details below as asked
Training Center Type (Owned/Rented)	
Training Center Accreditation status (Accredited/Non Accredited)	
TC Id (if already Accredited and Affiliated)	
Training Center Address	
State	
Number of Classroom(s) in the TC	
Number of Lab(s) in the TC	
District	
No. of Job roles to be implemented at the center	
QP Code	
Training Hrs	
No. of qualified Trainers	
Size of Classroom (sq ft)	
Size of Lab (sq ft)	
No. of Batches in a day	
Sitting Capacity	

**In case applying for multiple job roles use additional sheets*

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....

(Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Annexure 8**Proposed Placement Details**

SN	Country of Employment	State of Employment	District of Employment	Name of Employer Org.	Recruiter / HR Name & Designation	Mob . No. of Employer HR	Official e-mail ID of Employer HR	Validity of (Letter of Intent) LoI (Date)	Proposed Number of Placement	Gross Salary in INR
1										
2										
3										
4										
5										
6										
7										
8										

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....

(Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Self-Declaration on Sub-Contracting

To
National Skill Development Corporation,
301, 3rd Floor, West Wing, World Mark 1
Aero City, New Delhi – 110037

I/ We hereby declare that presently our Organization _____ applying for project proposal under Special Projects in PMKVY 3.0 through the RFP will not engage in any sub-contracting/ sub-letting / franchisee agreement for implementation of this project.

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, my/ our security may be forfeited in full, and the tender, if any, to the extent accepted, may be cancelled.

Name of the Authorized Signatory of the Applicant :.....

Signature and Stamp of the Authorized Signatory of the Applicant :.....

Date: DD/MM/YYYY :.....

Contact details of Authorized Signatory (email):.....
(Mob):.....

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC in the course of evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.