HARYANA SKILL DEVELOPMENT MISSION

NOTICE

No: 1325

Dated: 10.05.2022

In reference to HSDM/AF/YKUP/1142, floated on hsdm.org.in, regarding Application Form Inviting Training Provider(s) for association with Haryana Skill Development Mission (HSDM) for Yuva Kaushal Udyat Pahal – Finishing School Programme under SANKALP Project, the agencies who have applied online on the link https://skill.haryana.gov.in/#/register are requested to submit hard copy of the proposal/ application as per attachment alongwith all documentary evidence by 16.05.2022 (3:00 PM) to:

The Mission Director
Haryana Skill Development Mission
Kaushal Bhawan
IP-2, Sector 3, Panchkula – 134109

Chief Skills Officer Haryana Skill Development Mission Panchkula (Haryana)

CC:

Copy of the above is forwarded through e-mail to following:

- 1. PA/MD, HSDM for the information of W/MD, HSDM, please.
- 2. Evaluation Committee (JD, TC-I, PM-M).
- 3. DD-Admin to notify the bidders through e-mail.
- 4. DD-IT to publish the notice on HSDM website.

Application Form

(Duly stamped & signed by the Authorized Representative on the letterhead of the company)

To

The Mission Director,

Haryana Skill Development Mission (HSDM)

Skill Development & Industrial Training

Department, HaryanaKaushal Bhawan, IP-2, Near

Majri Chowk, Sector-3, Panchkula, Haryana –

134109

Subject: Application Form Inviting Training Provider(s) for association with Haryana Skill Development Mission (HSDM) for Yuva

Kaushal Udyat Pahal – Finishing School Programme under

SANKALP Project.

Sir,									
This is in	respon	se to th	e notific	cation issu	ued by the	e Haryar	na Skill De	evelopment	
Mission	vide	Ref.	No.		,	dated			
We		(Nar	ne of A	pplicant)	are keen	to get	empanelle	ed with HS	SDM
for this	projec	t and he	ereby ex	cpress our	r interest	in being	considered	d for the sa	me.
The detai	ls are a	s under:							

Applicant Details

(Strike out which is not applicable)

S.No.	Particular(s)	Details
1.	Legal Nameof Entity	
2.	Type of Entity Whether Govt. or Pvt.	
	RegisteredAddress	
3.	Website	
	Official e-mail id	
4	Date of Incorporation /	
4.	Registration	
5.	Nature of Business	

6.	PAN Number	
7.	GST RegistrationNumber	
8.	Average Annual Turnover (As per Annexure I)	
9.	Number of Candidates Required through all MoU's (As per Annexure V)	
11.	Presence in Haryana (Y/N)	
12.	Office Addressin Haryana (if any)	
13.	Name of Single Point of Contact (SPoC)	
14.	Address of SPoC	
15.	Phone No. of SPoC	
16.	E-Mail id ofSPoC	
17.	MoU's	Enclose MoU's with the employers (As per Annexure V)

We would be solely responsible for any errors/omissions/false information in our proposal. We acknowledge that HSDM will be relying on the information provided in the proposal and the documents accompanying such proposal for empanelment of the applicant for the aforesaid programme. We certify that all information provided in the proposal 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.

For and on behalf of:

Signature: Name: Designation: Date: (Company Seal)

(Authorized Representative and Signatory)

Annexure I

Format for Annual Turnover

(Duly stamped & signed by the Authorized Representative on the letterhead of the company and certified by a Chartered Accountant)

On	the	basis	of	audited	financial	statem	ents,	I/	We	hereby	submit	that
M/s		(Nam	e	of	Compa	ny),	hav	/ing		registere	ed	office
at							(Com	plete	e Ado	dress of	Compan	y), is
in tł	ne bu	siness	of		T	heir anr	nual tu	ırno\	er ar	nd averag	ge turno	ver in
past	thre	e FY's i	s giv	en below	:							

Sr. No.	Financial Year	Annual Turnover (INR)
1.	2018-19	
2.	2019-20	
3	2020-21	
Average Tu FY's	rnover for above three	

For and on behalf of:

Signature: Name: Designation: Date: (Company Seal)

(Authorized Representative and Signatory)

Note:

1. The document should be duly certified by a Practicing Chartered Accountant.

Supporting Documents:

• Attach audited financial statements for past three consecutive FY's (2018-19, 2019-20, 2020-21).

Annexure II

Format for Type of Job Roles (Training Target/Demand)

(Duly stamped & signed by the Authorized Representative on the letterhead of the company)

S.No.	Job Role (NSQF) (if two job roles are to be paired, please specify the same in one column only	NSQF Level	Sector	Residential / Non Residential	Name of Employer(s) who has requirement in the demanded job role	Demand (Training No.'s)	Total Number of Candidates required through all MoU's against the mentioned Job Role
	as QP1+QP2)					of candidates requir be 1:3. For example candidates is demar	arget Demanded to Number ed through all MoU's should at If training target of 30 anded, the number of through all MoU's should be

For and on behalf of:

Signature: Name: Designation: Date: (Company Seal)

(Authorized Representative and Signatory)

Note:

1. Pairing of upto two different job roles can be done through which candidate progresses from QP1 to QP2 across NSQF Levels (vertically) or in the same NSQF level (horizontally).

<u>Annexure III</u> Mandatory Undertaking(s) Affidavit for not been blacklisted

(Affidavit on Rs.100/- stamp paper by Authorized Representative, duly notarized)

Affidavit

We, M/s	(Name	of	Company),	having
registered office at (Co	mplete a	ddr	ess of Compa	any) do
hereby declare that we have not been blacklisted /	debarred	/ d	eclared inelig	jible for
corrupt or fraudulent practices by any Donor age	ncy/ Stat	e G	Government/	Central
Government or by any agency/department of the Sta	ate/Centra	al G	overnment.	

Annexure IV Training Centre (TC) and Hostel Facility Details

(Duly stamped & signed by the Authorized Representative on the letterhead of the company)

Type of Entity Whether the applicant	Training Centre (TC) Details	Whether Self Owned/ On Lease	Hostel Facility Details corresponding to TC	Whether Self Owned/ On Lease	District	State
company is Govt. or Pvt. (fill below)						

For and on behalf of:

Signature: Name: Designation: Date: (Company Seal)

(Authorized Representative and Signatory)

Note:

1. If the applicant company has both self-owned and on lease TC's, the priority will be given to self-owned TC's.

Supporting Documents:

- Attach self-attested document(s) specifying whether the proposed training centre and corresponding hostel facility is self-owned or on lease.
- Copy of electricity/ water bill/ affidavit/ agreement or any such relevant proof specifying proposed training centre is self-owned or on lease.

Annexure V Format for Extract of Information from MoU's

(Duly stamped & signed by the Authorized Representative on the letterhead of the company)

S.No.	Name of Employer (MoU Signed)	Job Role	Number of Candidates Required	Package offered/candidate
Total N	umber of Candidates F MoU's	Required through all		NA

For and on behalf of:

Signature: Name: Designation: Date: (Company Seal)

(Authorized Representative and Signatory)

Supporting Documents:

• Enclose MoU's with the employers (Only latest MoU's signed not before December, 2021). The MoU should clearly define the candidate profile, number of candidates required, package that will be offered to selected candidates. The MoU should be in line with terms & conditions mentioned in this document.

(Ratio of Training Target Demanded to Number of candidates required through all MoU's should be 1:3. For example: If training target of 30 candidates is demanded, the number of candidates required through all MoU's should be atleast 90).