

**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.**

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	5000			

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative with Signature & Seal)

Date:

Place:

## ANNEXURE 2

## Applicant Details

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

S.N	Description	Details
1	Name of Legal Constitution of Applicant	
2	Type of Constitution	
3	Type of the Industry with details of main products	
4	Name of Authorized Signatory (enclose letter of authorization)	
5	Contact address and website address	
6	Registration Number	
7	Date of Registration	
8	Place of Registration	
9	Primary point of contact (for all communication purposes (Contact No. & Email ID)	
10	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/Deed if any
- 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:

## 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 annual turnover of Rs. .... from various activities, in the past three consecutive years (2014-15, 2015-16, 2016-2017). The details of year wise annual turnover are mentioned below:

Sl. No.	Financial Year	Annual Turnover
1	2014-15	
2	2015-16	
3	2016-17	

***Note: Audited financial statements for the past three years (2014-15, 2015-16, and 2016-2017) should be submitted by the Applicant.***

Chartered Accountant:  
(Authorized Representative with Signature & Seal)

Name  
Registration No  
Contact No.  
Seal

Date:  
Place: