

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 skill development and placement linked programs and Rs. from various activities, in the past three consecutive years (2014-15, 2015-16, 2016-2017). The details of annual turnover are mentioned below:

Sl. No.	Financial Year	Annual Turnover (From skill development & Placement linked Programs)	Annual Turnover (From other various activities)
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:

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/sname, having its registered office at <<Office address>>, want to conduct the training in thedistricts insectors (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/sname, having its registered office at <<Office address>>, want to conduct the training in thedistricts insectors (no.).The address for the available training center is.....The below training infrastructure details are available with us:

Particulars	Count	Area in sq. ft.
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 issq. 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/sname, having its registered office at <<Office address>>, want to conduct the training in thedistricts (no.) insectors (no.). We did the Employability Potential Assessment based onCompanies/Employer (no.) andyouth (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. Please attach the above mentioned details on the letterhead of the each company assessed along with contact details, signature and seal.***

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 & 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