**APPLICATION FORM FOR ASSESSMENT AGENCY AFFILIATION**

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| --- | --- | --- | --- | --- |
| **1** | **Name of the Organization** |  | | |
| **2** | **Registered office address** |  | | |
| **3** | **Address for communication** |  | | |
| **4** | **Organization Head & Designation** |  | | |
| **5** | **Contact details of Head** | ***Mobile*** |  | |
|  | ***Mail*** |  | |
| **6** | **SPOC Name** |  |  | |
| **Contact details of SPOC** | ***Mobile*** |  | |
|  | ***Mail*** |  | |
| **7** | **Year of Incorporation**  *(Attach Incorporation Certificate)* |  | | |
| **8** | **Experience in years as Assessment Agency** |  | | |
| **9** | **Experience in years in Textile & Handloom sector assessments**  (Apparel/Garment/Carpets/Handicrafts job role assessment will not be considered) |  | | |
| **10** | **Annual Turnover in Crore**  *(Attach Audited Balance Sheet)* | **FY 18-19** |  | |
| **FY 17-18** |  | |
| **FY 16-17** |  | |
| **11** | **No of Candidates Assessed** | **Other Sectors** |  | |
| **Textile** |  | |
| **12** | **Affiliation with Government Organization** (GoI or State Skill Missions – Attach details) for assessment in TSC related jobroles | **Yes** | | **No** |
| **No of affiliations:** | | |
| **13** | **Geographic presence**  *(Add rows if applicable)* | **State 1**  **State 2** | | |
| **14** | **Affiliation with Sector Skill Councils**(Attach details) | **Yes** | | **No** |
| **No of affiliations:** | | |
| **15** | **No of Subject Matter Experts on Company’s payroll** (Attach details) |  | | |
| **16** | **No of full-time assessors**(Attach details) |  | | |
| **17** | **Valid ISO Certification (**Attach details) | **Yes** | | **No** |
| **18** | **Platform for online assessment** | **Yes** | | **No** |
| **19** | **Whether your AA is already affiliated with TSC (**Attach details) | **Yes** | | **No** |

**Form 1 - Self-Declaration by the Assessment Agency**

(To be filled by the Administrator of the AA in his own hand)

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| --- | --- | --- | --- | --- |
| **S. No** | **Current Business Status** | **Commitment (delete not applicable)** | **If Yes, please furnish full details** | **Remarks** |
| 1 | Are you a Training Partner in the Skill Eco System? | YES / NO |  |  |
| 2 | Are you an Income Tax Payee? | YES / NO |  |  |
| 3 | Are you a registered legal entity in India? | YES / NO |  |  |
| 4 | Have you ever been rejected for affiliation by any SSC? | YES / NO |  |  |
| 5 | Do you have any linkages with any other organisation in the assessment domain? | YES / NO |  |  |
| 6 | Have you ever been engaged in assessment operations in past or present with a different entity? | YES / NO |  |  |
| 7 | Do you have necessary financial resources for the operation of skills assessment including associated liabilities? | YES / NO |  | Please attach last 3 years balance sheet. |
| 8 | Do you have a Web Site of your own? | YES / NO |  |  |
| 9 | Do you have Assessors affiliated to your AA? | YES / NO | Onpayroll OnLongTerm Contract | Please give total numbers |
| 10 | How many of your Assessors are undertaking multiple sector assessments? | YES / NO | Onpayroll OnLongTerm Contract | Please give total numbers |
| 11 | If granted affiliation, do you have the capability to undertake On-line assessment with immediate effect? | YES / NO |  | If yes, please give the details of the availability of software and hardware to undertake the assignment. |
| 12 | Do you have the capability to develop questionbankfor On-line assessment? | YES / NO |  | If yes, please give the details of available subject experts with the agency. |
| 13 | Are you affiliated with DGET & State sponsored schemes? | YES / NO |  |  |

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| --- | --- | --- | --- | --- |
| 14 | Are you affiliated with any other SSCs/ other recognized Agencies having capacity to carry out assessments for the job roles applicable to the SSC? | YES / NO |  |  |
| 15 | Have you ever been subject to legal action in the case (s) of malpractices and unfair conduct? | YES / NO |  |  |
| 16 | Have you ever been banned /suspended for the services offered by you? | YES / NO |  |  |
|  | | | | |
| **I, (name),**  **S/o r/o**  **,Mobile**  **No , do hereby declare that I have furnished the above details to the best of my ability and knowledge and I fully understand that any incorrect information will render my agency disqualified for affiliation. If granted affiliation, I do also agree to meet the other operational conditions as laid down by the SSC for the conduct of assessment.** | | | | |
|  | Date: |  |  |  |
|  | Place |  |  | (Authorized) Signatory) |

# Form: 2 Number of years of existence

|  |  |
| --- | --- |
| **Legal Constitution of Applicant**  **(Registered Public Limited/ Private Limited Company/ Registered Society/ Trust/ Association/ Trade Body/ Registered Educational Institution/ University/ Partnership Firm)** | |
| Type of the Bidding Entity |  |
| Name of Registering Authority |  |
| Registration Number |  |
| Date of Registration |  |
| Place of Registration |  |

|  |  |  |  |
| --- | --- | --- | --- |
| For and on behalf of: |  |  | (Company Seal) |
| Signature: |  |  |  |
| Name: |  |  |  |
| Designation: |  |  |  |
| Note:  1. Please provide copy of the registration | certificate | from | the appropriate |

Registering Authority.

2. Please provide details of first assessment conducted to ascertain the number of years of experience in specific sectors.

# Form: 3 Financial Standing – Annual Turnover

Certificate from the Chartered Accountant/Audit Firm regarding Annual Turnover from assessment programs in India of the applicant in the immediately preceding 3 financial years.

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| --- | --- | --- | --- | --- |
| Financial | Year | ending | Turnover From | Assessment |
| 31st March | |  | activities (Rs. Crore) |  |
| 2016-17 | | |  | |
| 2017-18 | | |  | |
| 2018-19 | | |  | |

Name of the audit firm/Chartered Accountant:

Seal of the audit firm:

(Signature, name and designation and registration Number of the Chartered accountant/ audit firm)

Date:

Note: Please provide certified copies of audited financial statements of the firm for the immediately preceding three financial years. In the event the Financial Statements for the year 2018-19 are unaudited, provisional financial statements duly certified by Chartered Accountant/audit firm may be submitted.

# Form: 4 Details of candidates Assessed

Details of the assessments completed in last 3 years by the Applicant. The Applicant should have assessedminimum10,000candidatesintotalandatleast1000intheSSCspecificSectorforwhich affiliation is sought. Information to be furnished in modules pertaining to vocational skills courses/ modules notified by NCVT/SCVT/Sector Skills Council or recognized by any state or central government

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Project** | **FY** | **Location of Project (State)** | **Project Details** | **Details of Supporting Proof Provided with Page number** |
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For and on behalf of: (Company Seal)

Signature: Name: Designation:

(Authorized Representative and Signatory)

# Form: 5 List of States for empanelment

This form shall contain the information of states where the applicant is applying for getting empanelled. The previous operations in the states shall be presented here with sufficient proof.

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| --- | --- | --- | --- |
| **S.No** | **State Name** | **Number of assessors based on in this state and are engaged by the Applicant** | **Number of centres/ office/ operations in the state** |
|  |  |  |  |
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For and on behalf of: (Company Seal)

Signature: Name: Designation:

(Authorised Representative and Signatory)

**Due Diligence:**

|  |  |  |
| --- | --- | --- |
| **Document** | **Attached (Yes/ No)** | **FOR OFFICIAL USE** |
| **Application form duly filled in and signed by competent authority** |  |  |
| **Incorporation Certificate** |  |  |
| **PAN/TAN** |  |  |
| **Textile & Handloom assessment proof (Batch details)** |  |  |
| **Affiliation certificate with Govt Organizations** |  |  |
| **Affiliation certificate with SSCs** |  |  |
| **Details of Subject Matter Expert on Payroll (Salary Slip & CV)** |  |  |
| **Details of full-time assessor (Salary Slip & CV)** |  |  |
| **Form 1 Self -Declaration by AA** |  |  |
| **Form 2 No of years of existence** |  |  |
| **Form 3 - Financial Standing – Annual Turnover** |  |  |
| **Form 4 – Details of candidate assessed** |  |  |
| **Form 5 – List of States for empanelment** |  |  |
| **Platform for online assessment (Software/ application details with proof)** |  |  |

**Application fee details:**

This is to confirm that I/ we have paid Rs.10,000 as application fees towards affiliation with Textile Sector Skill Council as Assessment Agency as per the details given below,

|  |  |
| --- | --- |
| Payment date |  |
| Payment Mode (NEFT/RTGS/IMPS/DD/CHEQUE) |  |
| UTR Number |  |

**Declaration**

I <Name> S/O <Father’s Name>, do hereby declare that I have furnished the above details to the best of my ability and knowledge and I fully understand that any incorrect information will render my agency disqualified for affiliation.

|  |  |
| --- | --- |
| Date: |  |
| Place: | (Authorized Signatory) |