



दिव्यांग व्यक्तियों के लिए कौशल परिषद्
Skill Council for Persons with Disability

Inviting Applications from Assessment Agencies for Affiliation with SCPwD

GENERAL INSTRUCTIONS

1. The duly filled Pre-screening application form has to be furnished by the interested Assessment Agencies through email. An Assessment Agency can send the filled-in form complete in all respects to the following email id:

info@scpwd.in

2. Application Form is provided in the PDF. Any modification done in the form would result in rejection of the application. Filled-in Forms, complete in all respects, in the provided format and mailed at ids as above with the indicated subject will only be accepted.

3. Copy of Application Form could be downloaded from the website of SCPwD. SCPwD reserves the right to effect revision/s in the form. Changes, if any, will be notified on its website(www.scpwd.in)

4. All the columns should be filled in. If any particular column is not considered relevant, then kindly write NOT APPLICABLE.

5. It may kindly be noted that other things being equal, preference would be given to the Assessment Agencies empaneled with at least 6 SSCs, particularly those on whose job roles SCPwD works/intends to work, being a multi-sector Skill Council. Needless to state, SCPwD reserves the right to withdraw this process and/ or cancel any application at any stage.

6. Kindly note that SCPwD reserves the rights to periodically audit overall assessment process, documentation and any other work that the assessment agency has been assigned by SCPwD.

Application Form

1. Name of the Assessment Body:

2. Address (Registered Office):
.....
.....
.....

3. Communication Address:
.....
.....
.....

(Please provide complete postal address)

4. Year of incorporation: Registration ID:

5. Telephone (with STD Code): Fax:

Mobile: E-mail:

6. SPoC (Single Person of Contact): (Name and Designation):

Mobile: E-mail:

7. Legal Status of Organization (please tick only one)

- Public/Private/Government
- Company/Partnership/Proprietorship/Registered Society
- Research/Academic Institute/Industry Association
- Others (please specify)

8. Assessment Capability

Which of the options of conducting assessment are relevant for you:

- Assessments on tablets with internet (Online App)
- Assessments on tablets without internet (Offline App)
- Pen & Paper Mode

9. PAN Card Number..... Tan Number.....

10. Please provide the Organization structure of the Assessment Body showing roles and responsibilities of different persons/groups/committee/associates having significant contribution towards assessment of the concerned trades/skills (Please attach organogram and other details)

11. Please give the details of the geographical regions where you can conduct assessments.

S. No.	Geographical Regions (Tick the Regions)	States under the Region (Write the names of the states)
1	Pan India	All India
2	North India	
3	Western India	
4	South India	
5	Central India	
6	Eastern India	
7	North East India	

12. Whether affiliated with any Sector Skill Council (please tick one)

Yes

No

If Yes, please provide the details in the table below

Sr. No.	Name of the Sector Skill Council	Valid Affiliation Till (Month and Year)
1		
2		
3		
4		
5		
6		
7		

Note: Kindly attach additional sheet to indicate name of more than 7 SSCs affiliated with.

13. Capacity to design and develop the assessment tools for Persons with Disability.

Yes

No

(If yes, please attach a sample question Paper and a checked sheet to assess Performance Criteria for any one of the QPs)

14. Do you have process to select and empanel the Assessors?

Yes

No

(If yes, please elaborate in a separate sheet and enclose evidence including the sample contract with Assessors)

15. Mechanism for Training of Assessors.

Yes

No

(If yes, please enclose the process in a separate sheet as evidence)

16. Do you have Quality Management System to assure quality of the assessment process.

Yes

No

(If yes, please enclose the process in a separate sheet as evidence)

17. Do you have entity of assessment monitoring and report sharing process in place.

Yes

No

(If yes, please enclose supporting document)

18. Ability and willingness to inspect the facilities of the TP/TC to support the assessment process.

Yes

No

19. Set of forms to capture student verification data and assessment records.

Yes

No

20. Facility to safely store the assessment records as per current guidelines.

Yes

No

21. Have you studied the NSDC guidelines for compliance on use of Skill India Portal (SIP) and Takshashila Portal as applicable to the Assessment Agencies and Assessors?

Yes

No

22. Summarized information to be filled by Assessment Agency:

Kindly Share the below data along with Evidences

S No.	Parameter	Criteria	Response (To be filled by Assessment Agency)	Evidence (Kindly also provide the attachments)
1	Overall Experience	Number of Years in assessment		
2	Experience in sector	Number of Years in assessment		
3	Candidates Assessed	In last 3 years		
4	Assessment Methodology	Will be determined by evaluation committee		
5	Affiliation with Govt. Organization (GoI or State Skill Missions)	Affiliated with minimum 1 organization		
6	Geographic Presence	Minimum presence in 3 States/UT		
7	Affiliated with other SSC	Minimum affiliation with 3 SSCs		
8	Mode of assessment – Tablets/Pen and Paper	Assessment Modalities and Geo tagging		
9	Monitoring Mechanism of assessments	Continuous Monitoring of the Assessment		
10	Number of Subject Matter Experts on company's payroll	Based on evaluation of CVs		
11	Number of Assessors on payroll	No. of Assessors		

12	Number of Assessors retained other than those on the payroll	No. of Assessor		
13	Have you retained any assessor who is also a Training Provider in the Skill echo-system	If Yes, then No. of such assessors		
14	Number of full time employee	No. of full time employee		
15	Valid ISO Certification	Continuous Years in service with ISO Certification		

Annexures

Form 1 - Self-Declaration by the Assessment Agency

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

SN	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	On payroll _____ On Long Term Contract _____	Please give total numbers
10	How many of your Assessors are undertaking multiple sector assessments?	YES / NO	On payroll _____ On Long Term 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 question bank for 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		
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.

Financial Year ending 31st March	Turnover From Assessment activities (Rs. Lakh)
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 two financial years. In the event the Financial Statements for the year 2014-15 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 assessed minimum 10,000 candidates in total and at least 1000 in the SSC specific Sector for which 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

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 present here with sufficient proof.

S.No	State Name	Number of assessors based on in this state and are engaged by the Applicant	Number of centers/ office/ operations in the state

For and on behalf of:

(Company Seal)

Signature: Name:

Designation:

(Authorized Representative and Signatory)

CERTIFICATION

I, the undersigned, certify that to the best of my knowledge and belief, the details provided in the form have correctly described us (as an Assessment Agency), our qualifications and our experience. We understand that any willful misstatement described herein may lead to the cancellation of our qualification as an Assessment Agency, if engaged.

Signature

Date:

Authorized Signatory of Assessment Agency

References: 1.

2.