



## **Inviting Applications from Inspection Agencies (Training Center Inspection) for Affiliation with SCPwD**

### **GENERAL INSTRUCTIONS**

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

[info@scpwd.in](mailto: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](http://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 Inspection Agencies having experience in Training Center Audit, Accessibility Audit etc. 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 inspection agency has been assigned by SCPwD.

# Application Form

1. Name of the Inspection Agency: .....

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. Nature of Business .....

9. Inspection/Center Audit Capability

Which of the options are relevant for you for conducting Center Audit:

- Inspection/Center Audit on tablets with internet (Online App)
- Inspection/Center Audit on tablets without internet (Offline App)
- Inspection / Center Audit on Pen & Paper mode

10. PAN Card Number..... Tan Number.....

11. Please provide the Organization structure of the Inspection Agency showing roles and responsibilities of different persons/groups/committee/associates having significant contribution towards Inspections of the concerned trades/skills (Please attach organogram and other details)

12. Please give the details of the geographical regions where you can conduct Inspection/Center Audit.

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	

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

Yes

No

If Yes, please provide the details in the table below and the purpose of affiliation

Sr. No.	Name of the Sector Skill Council	Purpose of Affiliation	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.**

**14. Capacity to do accessibility audit for Training Center exclusively for Persons with Disability.**

Yes

No

(If yes, kindly attach the reports for accessibility audit done by your organization)

**15. Do you have process to select and empanel the inspector/auditor?**

Yes

No

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

**16. Mechanism for Training of inspector/auditor.**

Yes

No

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

**17. Do you have Quality Management System to assure quality of the inspection process.**

**Yes**

**No**

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

**18. Do you have entity of live center audit monitoring and report sharing process in place.**

**Yes**

**No**

**(If yes, please enclose supporting document)**

**19. Set of forms to capture Center Inspection data and records.**

**Yes**

**No**

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

**Yes**

**No**

**21. Have you studied the NSDC and SCPwD guidelines for compliance on Center Inspection, Infrastructure guidelines and accessibility.**

**Yes**

**No**

**22. Summarized information to be filled by Inspection Agency:**

**Kindly Share the below data along with Evidences**

<b>S No.</b>	<b>Parameter</b>	<b>Criteria</b>	<b>Response</b> <b>(To be filled by Inspection Agency)</b>	<b>Evidence</b> <b>(Kindly also provide the attachments)</b>
1	Overall Experience	Number of Years in Inspection/Center Audit		
2	Experience in sector	Number of Years in PwD (Persons with Disability) space		
3	No. of Training Center Inspected	In last 3 years		
4	Inspection 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 inspection – Tablets/Pen and Paper	Inspection Modalities and Geo tagging		
9	Monitoring Mechanism of inspections (center audits)	Continuous Monitoring of the center inspection		
10	Number of Subject Matter Experts on company's payroll	Based on evaluation of CVs		
11	Number of inspectors/auditor on payroll	No. of auditors		

12	Number of Inspectors retained other than those on the payroll	No. of Inspectors		
13	Have you retained any Inspector who is also a Training Provider in the Skill echo-system	If Yes, then No. of such Inspectors		
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 Inspection 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 Inspection domain?	YES / NO		
6	Have you ever been engaged in inspection operations in past or present with a different entity?	YES / NO		
7	Do you have necessary financial resources for the operation of Training Center Inspection 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 Inspectors/auditors affiliated to your Inspection Agency?	YES / NO	On payroll _____ On Long Term Contract _____	Please give total numbers
10	How many of your inspectors/auditors are undertaking multiple sector inspections?	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 inspections 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 inspection checklist for On-line inspection?	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 center inspection 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 SCPwD for the conduct of Center Inspection.

Date:  
Place

(Authorized Signatory)

## Form: 2 Number of years of existence

<b>Legal Constitution of Applicant (Registered Public Limited/ Private Limited Company/ Registered Society/ Trust/ Association/ Trade Body/ Registered Educational Institution/ University/ Partnership Firm)</b>	
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 training center inspection 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 Training Center Inspection/Center audit programs in India of the applicant in the immediately preceding 3 financial years.**

Financial Year ending	Turnover from Training Center Inspections activities (Rs. Lakh)
31st March	
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 Training Center Inspections

Details of the Training Center Inspections completed in last 3 years by the Applicant.

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.

<b>S.No</b>	<b>State Name</b>	<b>Number of Inspectors/auditors based on in this state and are engaged by the Applicant</b>	<b>Number of centers/ office/ operations in the state</b>

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 Inspection Agency), our qualifications and our experience. We understand that any willful misstatement described herein may lead to the cancellation of our qualification as an Inspection Agency, if engaged.

**Signature**

**Date:**

**Authorized Signatory of Inspection Agency**

**References: 1.**

**2.**