

Center Validation for Skill Training of PwDs under NAP, DEPwD (Audited  
by SCPwD on \_\_/\_\_/\_\_\_\_)

Note: (\*) symbol is mandatory filed.

| Training Centre Details   |                                  |
|---|----------------------------------|
|   | <i>To be filled by Inspector</i> |
| 1. *Name of Training Provider   |                                  |
| 2. *Training Centre Name  |                                  |
| 3. *Date of empanelment of Training Provider  |                                  |
| 4. *Type of Training Centre, please specify from below options:<br>4a. TP Owned<br>4b. Proprietorship (Leased Property)<br>4c. Allotted (Allotment Letter)  |                                  |
| 5. *Availability of Biometric Attendance System, please specify from below options:<br>5a. Aadhaar Enabled<br>5b. Non Aadhaar Enabled<br>5c. Not Available<br><small>(The Training Centre of North-East (NE) and Jammu &amp; Kashmir (J&amp;K) region are exempted, however, Centers should preferably have <b>Aadhaar Enabled Biometric Attendance System</b>). In all the other States, AEBAS is mandatory.</small> |                                  |
| 6. Availability of Branding and Communication for Training Center as per guidelines and as advised.   |                                  |
| 7. Type of branding (Flex, Sign Board, Standee, Hording, etc.)  |                                  |

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| <p>8. *Proximity of Centre to Public Transport System, please specify from below options:<br/> 8a. 0-3 Km<br/> 8b. 3.1-5 Km<br/> 8c. 5.1-10 Km<br/> 8d. More than 10 Km</p>   |  |
| <p>9. *Name of Nearest Bus/Metro/Railway Station</p>  |  |
| <p>10. *Building Status, please specify from below options:<br/> 10a. Stand Alone Building<br/> 10b. Part of Educational Institute<br/> 10c. Industrial/Commercial Building<br/> 10d. Residential Building</p>  |  |
| <p>11. *TC walls and roof made of Tin / Bamboo sheets, please specify Yes/ No<br/> (The walls and roof made of Tin / Bamboo sheets are not allowed. Exceptions are Centers in North East/ J&amp;K and all Hilly Regions. Further, in case Tin/ Bamboo sheets are used by any Centre in other parts of the Country, Centre needs to provide detailed justification for its usage. It is as per the discretion of NSDC to approve/ reject the Centre basis on the justification provided/ facts observed during the Centre visit)</p> |  |
| <p>12. *Centre Floor is evenly leveled, cemented and furnished, please specify Yes/ No</p>  |  |
| <p>13. Centre Floor is tiled, please specify Yes/ No</p>  |  |
| <p>14. *Approach Road to the Centre ( please write the approx. width of the Road approaching the Centre Entrance)</p>   |  |
| <p>15. *Is the Centre easily accessible, please specify Yes/ No<br/> (Is there an easy approach to the Centre. Please upload the pictures showing the access to the Centre)</p>   |  |
| <p>16. *Availability of Internet, please specify from below options:<br/> 16a. Speed of 1 MBPS and above<br/> 16b. Speed of Less Than 1 MBPS &amp; Greater Than 512 KBPS</p>  |  |

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| 16c. Speed of Less Than 512 KBPS<br>16d. Internet not Available   |  |
| 17. *Adequate Power Backup (UPS/<br>GenSet/Inverter) Power back up<br>catering the entire center.<br>Please specify Yes/ No |  |
| <b>18. *Contact Details</b>   |  |
| 18a. SPOC Name  |  |
| 18b. SPOC Mobile  |  |
| 18c. SPOC Alternate Number  |  |
| 18d. SPOC Email ID  |  |
| 18e. Name of Centre Principal/<br>Director  |  |
| 18f. Contact Number of Centre<br>Principal/ Director  |  |
| 18g. Email Address of Centre Principal/<br>Director   |  |
| 18h. Date of Affiliation from   |  |
| 18i. Date of Affiliation to   |  |
| 18j. Brief Description of the Affiliation   |  |
| <b>19. *Centre Address</b>  |  |
| 19a. Address Line 1   |  |
| 19b. Address Line 2   |  |
| 19c. State/UT   |  |
| 19d. District/City  |  |
| 19e. Sub District (Tehsil/Mandal)   |  |
| 19f. Parliamentary Constituency   |  |
| 19g. Landmark   |  |
| 19h. Pin Code   |  |
| 20. *Area Classification of Centre, please<br>specify from below options:<br>20a. Urban<br>20b. Rural                       |  |
| 21. *Is Entire Centre situated at Ground<br>Floor? Please specify Yes/No  |  |

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| <p>22. *Please specify the Floor (e.g. Basement, First Floor, Second Floor, etc.) if the center is situated other than Ground level Floor.</p>   |  |
| <p>23. *Address Proof, please specify from below options:<br/> 23a. Telephone Bill<br/> 23b. Electricity Bill<br/> 23c. GST Registration<br/> 23d. Rent Agreement/Deed Certificate<br/> 23e. MSME Certificate<br/> 23f. Allotment Letter by Government if allotted<br/> (A copy of Address Proof of the TC )</p> |  |
| <p>24. *Total Training Centre Area (in Sq. Ft.)<br/> (The Total Centre Area should be a sum of Total Classroom Area, Total Lab Area, Reception, Library, Washroom ( Male and Female), Pantry and other Centre Areas)</p>   |  |
| <p>25. *If centre already accredited with SIP (SMART) ,please provide the certification and specify Centre Id</p>  |  |
| <p>26. Website (if any)</p>  |  |
| <p>27. Social Media Link (if any)</p>  |  |
| <p>28. Availability of Security/ Security Guards at the Centre?<br/> Please specify - Yes/ No</p>  |  |
| <p>29. Availability of enrolment form for PwD,<br/> Please specify - Yes/ No</p>   |  |
| <p>30. Details of Kaushal Mela in last three year with press/media coverage ,Please specify - Yes/ No</p>  |  |
| <p>31. Details of job Fairs in last three years with press/ media, Please specify - Yes/ No</p>  |  |

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| <p>32. Availability of Greenery at the Centre?<br/>Please specify - Yes/ No</p>  |  |
| <p>33. Type of Construction of Building,<br/>please specify from the below options:<br/>33a. Pre-fabricated (Good construction<br/>quality)<br/>33b. Not pre-fabricated (Poor<br/>Construction quality)</p>            |  |
| <p>34. Is the TC well plastered, colored<br/>distempered/whitewashed, please<br/>specify Yes/ No</p>   |  |
| <p>35. Front Face of the Building, please<br/>specify from the below options:<br/>35a. Glass and aluminium sliding<br/>window<br/>35b. Glass Cover<br/>35c. Reinforced Cement Concrete (RCC)<br/>35d. Others</p>       |  |
| <p>36. Previous State of the Building, please<br/>specify from below options:<br/>36a. School<br/>36b. College<br/>36c. University<br/>36d. Private Institute<br/>36e. ITI<br/>36f. Polytechnic<br/>36g. Any other</p> |  |
| <p>37. If any other, please specify</p>  |  |
| <p>38. Is TC currently functional, please<br/>specify Yes/ No</p>  |  |
| <p>39. Commendations and International<br/>Affiliations</p>  |  |
| <p>40. Name of the Affiliate/ Affiliation Name<br/>and Nature of Affiliation</p>   |  |

41. Type of Affiliation, please specify from below options:  
 41a. National  
 41b. International

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| *Job Roles Details  |                                  |
|---|----------------------------------|
|   | <i>To be filled by Inspector</i> |
|   | Job Role ( )                     |
| 1. Sector Skill Council <b>(Please select from the Sector Skill Council Tab)</b>  |                                  |
| 2. Job Role 1 <b>(Please select from the Job Roles Tab)</b>   |                                  |
| 3. Is the Trainee to Trainer Ratio in the range of 10:1 to 30:1 for all the batches, please specify from below options:<br>3a. 10:1<br>3b. 20:1<br>3c. 30:1 |                                  |
| 4. Total Number of Parallel Batches You Plan to Run for this Job Role at a Given Point of Time, please specify a number                                     |                                  |
| 5. Remarks(If any)  |                                  |

| *Classrooms Details  |                                  |                                  |
|--|----------------------------------|----------------------------------|
|  | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> |
|  | Classroom ( )                    | Classroom ( )                    |
| 1. Classroom Serial Number   |                                  |                                  |
| 2. Carpet Area (In Sq.Ft) (10 Sq Ft / Trainee or more)                           |                                  |                                  |
| 3. Availability of any Type of Projector, please specify Yes/ No (Non-Mandatory) |                                  |                                  |

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| but at least one project required center)   |  |  |
| 4. Type of Projector (Table Mounted/Roof Mounted/Wall Mounted)  |  |  |
| 4 a. Availability of White Board and Black Board  |  |  |
| 5. Availability Of Air Conditioner, please specify Yes/ No<br>(Non-Mandatory)                                     |  |  |
| 6. Type of Air Conditioner (Window/Split/Centralized)   |  |  |
| 7. Availability of CCTV Camera with Recording Facility with Video Conferencing, please specify Yes/ No            |  |  |
| 8. No. of CCTV Cameras  |  |  |
| 9. Availability of Recording Facility for CCTV with data storage capacity at least 10 days, Please specify Yes/No |  |  |
| 10. Type of Sitting Arrangement (Bench with desk/Plastic Chair/Writing Pad Chair)                                 |  |  |
| 11. Proposed Batch Size (for this Class Room)   |  |  |
| 12. Proposed Number of parallel batches per day in this classroom, please specify in number                       |  |  |
| 13. Availability of Adequate Light in the Classroom, please specify Yes/ No                                       |  |  |

|   |  |  |
|---|--|--|
| 14. Availability of Exhaust Fan, please specify Yes/ No   |  |  |
| 15. Electrical Wires and Switchboard Secured and at accessible height ( within the reach of the candidate) please specify Yes/ No |  |  |
| 16. Classroom Well Ventilated, please specify Yes/ No   |  |  |
| 17. Availability of Dustbin in the Classroom, please specify Yes/ No  |  |  |
| 18. Availability of Fire Extinguisher in the Classroom, please specify Yes/ No  |  |  |
| 19. Is the Classroom Clean and Hygienic, please specify Yes/ No   |  |  |
| 20. Contact Details of Emergency Numbers (Fire Brigade, Ambulance, Police) displayed in the Classroom, please specify Yes/ No     |  |  |
| 21. Classroom used for which Job Roles, please select from Job Roles Tab  |  |  |
| 22. Availability of sufficient furniture, Please specify Yes/No   |  |  |
| 23. Remark(If any)  |  |  |

**Please specify the total number of Classrooms in your Training Centre**



**\*Add Laboratories Details**

|  | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> |
|--|----------------------------------|----------------------------------|
|  | <b>Lab 1</b>                     | <b>Lab 2</b>                     |
| 1. Lab Type, please specify from below options:<br>1a. IT/Digital Literacy Lab (Non- Mandatory)<br>1b. Sector Specific Lab |                                  |                                  |
| 2. Is the Lab Same as the Classroom, please specify Yes/ No  |                                  |                                  |
| 3. Lab Serial Number   |                                  |                                  |
| 4. Total Number of Computers/ Laptops in IT Lab  |                                  |                                  |
| 5. Availability of Internet  |                                  |                                  |
| 6. Speed of Internet (To be check by Speed Test)   |                                  |                                  |
| 7. Availability Of Air Conditioner, please specify Yes/ No   |                                  |                                  |
| 8. Carpet Area (In Sq.Ft)  |                                  |                                  |
| 9. Type of Sitting Arrangement (Stool/Bench/Plastic Chair/Steel Chair/Writing Pad Chair) (as per job requirement)          |                                  |                                  |
| 10. Proposed batch size for this Lab (as per job requirement)  |                                  |                                  |

|   |                              |                              |
|---|------------------------------|------------------------------|
| 11. Proposed number of parallel batches per day in this Lab, please specify in number |                              |                              |
| 12. Lab used for which Job Roles  | Lab used for which Job Roles | Lab used for which Job Roles |
| 13. Job Role 1, please select from Job Role Tab                                       |                              |                              |
| 14. Job Role 2, please select from Job Role Tab                                       |                              |                              |
| 15. Job Role 3, please select from Job Role Tab                                       |                              |                              |
| 16. Job Role 4, please select from Job Role Tab                                       |                              |                              |
| 17. Job Role 5, please select from Job Role Tab                                       |                              |                              |
| 18. Job Role 6, please select from Job Role Tab                                       |                              |                              |
| 19. Job Role 7, please select from Job Role Tab                                       |                              |                              |
| 20. Availability of CCTV Camera with Recording Facility, please specify Yes/ No       |                              |                              |
| 21. Availability of Web Camera with Video Conferencing, please specify Yes/ No        |                              |                              |
| 22. Availability of Adequate Light in the Lab, please specify Yes/ No                 |                              |                              |

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|---|--|--|
| 23. Availability of Exhaust Fan, please specify Yes/ No   |  |  |
| 24. Electrical Wires and Switchboard Secured and at an accessible height ( within the reach of the candidate) please specify Yes/ No                                      |  |  |
| 25. Lab Well Ventilated, please specify Yes/ No   |  |  |
| 26. Availability of Dustbin in the Lab, please specify Yes/ No  |  |  |
| 27. Availability of Fire Extinguisher in the Lab, please specify Yes/ No  |  |  |
| 28. Is the Lab clean and hygienic, please specify Yes/ No   |  |  |
| 29. Contact Details of Emergency Numbers (Fire Brigade, Ambulance, Police, Women helpline, Local authorities, Fire control ) displayed in the Lab, please specify Yes/ No |  |  |
| 30. Availability of sufficient furniture, Please specify Yes/No   |  |  |
| 31. Remarks(If any)   |  |  |

**Please specify the total number of Classrooms in your Training Centre**

## Centre Area Details

**Note: Please enter the Area details of all the Rooms other than Classrooms and Labs. This will enable to capture the total area of the Centre in square foot**

*To be filled by Inspector*

1. Select the Area, please specify from below options:
  - 1a. \*Counselling Area
  - 1b. \*Reception Area
  - 1c. Library
  - 1d. \*Placement And Entrepreneurship Cell
  - 1e. Pantry
  - 1f. \*Washrooms
  - 1g. Playground (Where Training is not conducted)
  - 1h. Parking if any
  - 1i. Any Other Centre Space
  - 1j. Any outside area which is a part of the Centre

**(Centre inspector needs to take printout for each area available and fill the details accordingly, if inspector filling all four mandatory fields, he/she needs to take four printouts of centre area details)**

2. Carpet Area (In Sq.Ft)

3. \*Type of Washroom, please specify from below options:
  - 3a. Male + Differently abled
  - 3b. Female + Differently abled

4. Availability Of Air Conditioning (Non-mandatory)

|   |  |
|---|--|
| 5. Availability of CCTV Camera with Recording Facility, please specify Yes/ No  |  |
| 6. Availability of Exhaust Fan, please specify Yes/ No  |  |
| 7. Electrical Wires and Switchboard Secured and at an accessible height ( within the reach of the candidate) please specify Yes/ No |  |
| 8. Room is Well Ventilated, please specify Yes/ No  |  |
| 9. Availability of Dustbin in the Room, please specify Yes/ No  |  |
| 10. Is the Room clean and hygienic, please specify Yes/ No  |  |
| 11. Any Training Activity Undergoing / Provisioned Outside the Centre, please specify Yes/ No                                       |  |
| 12. Availability of sufficient furniture, Please specify Yes/No   |  |
| 13. Remarks(If any)   |  |

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| Counselling Area                               |
| Reception Area                                 |
| Library  |
| Placement And Entrepreneurship Cell            |
| Pantry   |
| Washrooms                                      |
| Playground (Where Training is not conducted)   |
| Parking if any                                 |
| Any Other Centre Space                         |
| Any outside area which is a part of the Centre |

**\*Residential Facilities**

**Details For Residential Facilities details for Males**

*To be filled by Inspector*

Do You have Residential Area Available?, please specify Yes/ No

**If Yes, then**

1. Total Area (In Sq.Ft)
2. Number of Rooms
3. Male and Female differently-abled friendly washroom , please specify Yes/ No
4. Residential Capacity ( bed)
5. Availability of CCTV Camera with Recording Facility in Residential Facility, please specify Yes/ No
6. Availability of Warden, please specify Yes/ No
7. Availability of Mess, please specify Yes/ No
8. Availability of 24 hour Security, please specify Yes/ No
9. Contact Details of Emergency Numbers (Fire Brigade, Ambulance, Police, Women helpline, Local authorities, Fire control) displayed in the Lab, please specify Yes/ No
10. Remark (If Any)

**Details For Residential Facilities details for Females**

| <i>To be filled by Inspector</i>  |  |
|---|--|
| Do You have Residential Area Available?   |  |
| If Yes, then  |  |
| 1. Total Area (In Sq.Ft)  |  |
| 2. Number of Rooms  |  |
| 3. Male and Female differently-abled friendly Washrooms , please specify Yes/ No  |  |
| 4. Residential Capacity   |  |
| 5. Availability of CCTV Camera with Recording Facility in Residential Facility, please specify Yes/ No  |  |
| 6. Availability of Warden, please specify Yes/ No   |  |
| 7. Availability of Mess, please specify Yes/ No   |  |
| 8. Availability of 24 hour Security, please specify Yes/ No   |  |
| 9. Contact Details of Emergency Numbers (Fire Brigade, Ambulance, Police, Women helpline, Local authorities, Fire control) displayed in the Lab, please specify Yes/ No |  |
| 10. Remark (If Any)   |  |

**\*Facilities**

| <i>To be filled by Inspector</i>  |  |
|---|--|
| Differently Abled Friendly Details  |  |
| 1. Availability of Ramp in case the center is extended to other floors, please specify Yes/ No          |  |
| 2. Availability of Lifts in case the Centre is extended to other floors, Differently-abled friendliness |  |

(besides ground floor), please specify  
Yes/ No

### Hygiene and Sanitation

1. Availability of a Dedicated Housekeeping Staff, please specify Yes/ No

2. Training Centre is clean & Hygienic, Please specify Yes/No

3. Washroom is Clean and Hygienic, please specify Yes/ No

4. Availability of Daily inspection card/ checklist in the toilets, please specify Yes/ No

5. Male and Female differently-abled friendly washroom, please specify Yes/ No

6. Source of Safe Drinking Water, please specify from below options:  
6a. Reverse Osmosis  
6b. Water Purifier  
6c. Packaged Drinking Water Dispenser  
6d. None

### Medical & Safety

1. Availability of Fire Fighting Equipment ( Any one of the following equipments should be available at the Centre)

1a. Water based Fire Extinguisher, please specify Yes/ No

1b. Foam Based Fire Extinguisher, please specify Yes/ No

1c. Dry Powder based Fire Extinguisher, please specify Yes/ No

1d. Carbon Dioxide based Fire Extinguisher, please specify Yes/ No

1e. Wet Chemical based Fire Extinguisher, please specify Yes/ No

2. Fire Fighting hose Pipe, please specify Yes/ No

3. Fire safety instructions displayed at the Centre, please specify Yes/ No



| 4. Availability of First Aid Kit, please specify Yes/ No  |  |
|---|--|
| 5. Is the First Aid kit wall mounted at the Centre, please specify Yes/ No  |  |
| 6. Contact Details of Emergency Numbers (Fire Brigade, Ambulance, Police, Women helpline, Local authorities, Fire control) displayed in the Classroom, please specify Yes/ No |  |
| Other Facilities  |  |
| 1. Availability of Photocopier, please specify Yes/ No  |  |
| 2. Availability of Printer, please specify Yes/ No  |  |

| *Add Trainer's Detail   |                           |
|---|---------------------------|
|   | To be filled by Inspector |
| <b>Details of Trainer No 1</b> (Please fill in the details of all Trainers in tables below) |                           |
| 1. Trainer Name   |                           |
| 2. AADHAR No. ( Aadhaar No is not mandatory in NE and J&K)                                  |                           |
| 2a. Trainer Identified for which Job Role and Certified for which SSC                       |                           |
| 1. Job Role 1, please select from Job Role Tab  |                           |
| 2. Trainer's Certified for which SSC, Please select from Sector Skill Council Tab           |                           |
| 3. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)    |                           |
| 1. Job Role 2, please select from Job Role Tab  |                           |

|  |  |
|--|--|
| 2. Trainer's Job role certification for which SSC, Please select from Sector Skill Council Tab |  |
| 3. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)       |  |
| 1. Job Role 3, please select from Job Role Tab   |  |
| 2. Trainer's Certified for which SSC, Please select from Sector Skill Council Tab              |  |
| 3. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)       |  |
| 1. Job Role 4, please select from Job Role Tab   |  |
| 2. Trainer's Certified for which SSC, Please select from Sector Skill Council Tab              |  |
| 3. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)       |  |
| 1. Job Role 5, please select from Job Role Tab   |  |
| 2. Trainer's Certified for which SSC, Please select from Sector Skill Council Tab              |  |
| 3. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)       |  |
| 1. Job Role 6, please select from Job Role Tab   |  |
| 2. Trainer's Certified for which SSC, Please select from Sector Skill Council Tab              |  |
| 1. Trainer's Certified from SCPwD  |  |
| 2. Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO)       |  |
| 3. Trainer Certified in Entrepreneurship by NIESBUD or Similar Agency (Non – Mandatory)        |  |

|   |  |
|---|--|
| 3a. If yes, please specify the name of Agency from which Entrepreneurship Certification Obtained. |  |
| 4. Trainer is on Full Time/Part Time Basis  |  |
| 5. Type of Resource, please specify:<br>5a. Dedicated Resource<br>5b. Shared Resource             |  |
| 6. Trainer Mobile Number  |  |
| 7. Highest Qualification, please specify  |  |
| 8. Total Years of Experience (in yrs)   |  |
| 9. Out of Total Experience, Sector related experience(in yrs)                                     |  |
| 10. Out of Total Experience, Teaching Industry experience(in yrs)                                 |  |
| 11. Remarks(If any)   |  |

**\*Centre Staff Details**

| <b>*Centre Staff Details</b>   |                                  |
|--|----------------------------------|
|  | <i>To be filled by Inspector</i> |
| 1. Type of Support Staff, please specify from below options:<br>1a. Receptionist/ Front Office Coordinator<br>1b. Placement Coordinator<br>1c. Counselor<br>1d. Administration Officer<br>1e. MIS Coordinator<br>1f. Mobiliser<br>(Two centre staff mandatory) |                                  |
| 2. Name  |                                  |
| 3. Highest Qualification, please specify   |                                  |

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| 4. Total Experience (in Years)                 |  |
| 5. Please specify Shared or Dedicated Resource |  |
| 6. Remarks(If any)                             |  |

| <b>*Equipment</b>   |                                  |                                  |                                  |                                  |                                  |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|   | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> | <i>To be filled by Inspector</i> |
|   | <b>Job Role 1</b>                | <b>Job Role 2</b>                | <b>Job Role 3</b>                | <b>Job Role 4</b>                | <b>Job Role 5</b>                |
| 1. Job Name, please select from Job Role Tab                        |                                  |                                  |                                  |                                  |                                  |
| 2. Equipment Name, please refer to Equipment list                   |                                  |                                  |                                  |                                  |                                  |
| 3. Mandatory  |                                  |                                  |                                  |                                  |                                  |
| 4. Quantity   |                                  |                                  |                                  |                                  |                                  |
| 5. Unit Type  |                                  |                                  |                                  |                                  |                                  |
| 6. Remarks in case Mandatory Equipment is not Available             |                                  |                                  |                                  |                                  |                                  |
| 7. Availability of NSQF Aligned training material for each job role |                                  |                                  |                                  |                                  |                                  |

| <b>Name of the Sector Skill Council</b>                  |
|--|
| Agriculture Sector Skill Council of India                |
| Apparel, Made-ups & Home Furnishing Sector Skill Council |
| Automotive Skills Development Council                    |
| Beauty & Wellness Sector Skill Council                   |
| BFSI Sector Skill Council of India                       |
| Capital Goods Skill Council                              |
| Construction Skill Development Council of India          |
| Domestic Workers Sector Skill Council                    |
| Electronics Sector Skills Council                        |
| Food Industry Capacity & Skill Initiative                |
| Furniture & Fittings Sector Skill Council                |
| Gems & Jewellery Skill Council of India                  |
| Handicrafts and Carpet Sector Skill Council              |
| Healthcare Sector Skill Council                          |
| Indian Iron and Steel Sector Skill Council               |
| Indian Paint and Coatings Sector Skills Council          |
| Indian Plumbing Skills Council                           |
| Infrastructure Equipment Skill Council                   |
| IT-ITeS Sector Skill Council                             |
| Leather Sector Skill Council                             |
| Life Sciences Sector Skill Development Council           |
| Logistics Skill Council                                  |
| Media and Entertainment Skills Council                   |
| Mining Sector Skill Council of India                     |
| Power Sector Skill Council                               |
| Retailers Association's Skill Council of India           |
| Rubber Skill Development Council                         |
| Security Sector Skill Development Council                |
| Skill Council for Green Jobs                             |

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| Skill Council For Persons with Disability                      |
| Sports, Physical Education, Fitness and Leisure Skills Council |
| Telecom Sector Skill Council                                   |
| Textiles Sector Skill Council                                  |
| Tourism & Hospitality Sector Skill Council                     |