



Pre-Screening Application Form

for

Affiliation with SCPwD

GENERAL INSTRUCTIONS

1. The duly filled Pre- screening application form has to be furnished through email by the Assessment Agencies interested for affiliation to SCPwD for assessment. An assessment agency can send the completely filled form to the below email ids:
 - (i) info@scpwd.in
 - (ii) Sunil.rawat@scpwd.in
 - (iii) Tarun.parihar@scpwd.in
2. Subject line of the email should only be “Pre-Screening Application Form – (Assessment Agency Name)”
3. The application form is provided in the PDF. Deletion or amendment to the master form may result in rejection of the application form. Only completely filled form in the provided format and email subject will be accepted.
4. The copy of the application form would be made available by SCPwD. The form may be revised from time to time. The same can be checked from SCPwD website (www.scpwd.in)
5. Last page of the application form should bear the initials of the authorized signatory and stamp of the organization.
6. All the points should be filled up. If any particular point is not relevant, then please write NOT APPLICABLE.

1. Name of the Assessment Body:
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2. Address:
.....
.....

(Please provide complete postal address)

3. Year of incorporation:

4. Registration No.:

5. Telephone (with STD Code): Fax:

Mobile: E-mail:

6. Nodal Point of Contact (SPOC's Name):

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)

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

- Yes
- No

If Yes, then No. of SSCs, where your assessment agency is empaneled:

Name of SSCs:

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9. Assessment Experience:

(i) Assessment Details:

- a.) No. of assessments completed under PMKVY 1:
- b.) No. of assessments completed under PMKVY 2.0:
- c.) No. of assessments completed under other schemes:

(ii) Assessor Details:

- a.) No. of assessors certified/approved by SSCs:
- b.) No. of assessors certified/approved by other recognised body (Also mention name of the body):
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10. Assessment Capability:

(i) Do you conduct the assessments through Pen & Paper mode:

- Yes
- No

(ii) Do you conduct the assessments through tablets/computers:

- Yes
- No

If yes, then which of the options are relevant for you:

- Assessments on tablets with internet (Online App)
- Assessments on tablets without internet (Offline App)
- N/A

11. Brief Description/USP of your agency:

Name:

Designation:

Sign and Stamp Here.....