

APPLICATION FORM (FOR AB RECOGNITION)

COVER LETTER

(Date)

Dear Sir/Madam

Sub: Application for NCVET Recognition

I, the undersigned, hereby acknowledge that I have read and understood the requirements and conditions contained in the Awarding Body-Eligibility and Continuation Criteria and the Operational Manual. I represent(*Name of the applicant body*) and have the legal authority to ensure commitment of my organization to uphold the requirements and conditions of NCVET recognition.

I am aware that if the information contained in this application and self-evaluation is false/mis-represented, then NCVET retains the right to forfeit the application fee and my organization will no longer be eligible for recognition.

I, the undersigned, will also ensure that the organization acts in accordance with the Guidelines and procedures detailed in the NCVET Awarding Body Operations Manual and understand that failure to do so will result in non-compliance leading to consequences as detailed down in the Guidelines.

I understand that the NCVET absolves itself of any legal or financial liability arising out of any act involving any accidental or consequential damages to personnel/equipment at any time.

I am aware that the terms and conditions of NCVET recognition may be amended from time to time and that the updating of the same on the website and in writing shall constitute due notice. I understand that it is the responsibility of applicant organization (*name of organization*) to review these terms and conditions in order to maintain compliance.

Signed

(Name and Position)

On behalf of (name of organization)

Part A: Basic Details of the Organization

S. No.	Fields	Details
i.	Organization Name	
ii.	Parent Company Name (if different)	
iii.	Nature of legal entity (i.e. company, charitable trust, society etc.)	
	Permanent Income Tax Account Number (PAN)	
iv.	GST Registration Number	
v.	Date of Establishment	
vi.	Complete Address	
vii.	Organization's Email ID	
viii.	Website URL	
ix.	Phone	
x.	Name, designation, and contact details of primary point of contact	
xi.	Sector/s Applied for	
xii.	Territory applied for (State/ UT/ Pan India)	

Part B. The organization must also submit the following documents:

1. Legal

S. No	Name of Document	Submitted (Yes/No)
i.	Certificate of Registration and/ or Article of Incorporation	
ii.	Society Deed Agreement or NGO Registration Certificate issued by respective State	
iii.	In case of consortium, copy of consortium agreement	
iv.	Permanent Account Number (PAN) and Goods and Services Tax (GST) registration details	
v.	For international agencies :	
a.	Mutual Agreement copy with Indian partner firm	
b.	Shareholder Agreement with Indian partner firm	
c.	Permission from Ministry of Home Affairs and evidence of separate bank account for foreign funds (FCRA)	
vi.	Self-Declaration by authorized person that the organization: i. Has not been blacklisted by any agencies indicated in the AB Guidelines ii. Organization is not-for profit entity	

2. Financial Viability

S. No	Name of Document	Submitted (Yes/No)
i.	Audited account statement signed by an independent financial auditor for past three years	
ii.	Cash flow statement	
iii.	Annual report of the organization	
iv.	Minimum account balance certificate from the public/private sector bank	

3. Prior Experience

S. No	Name of Document	Submitted (Yes/No)
i.	Number of learners trained, certified, and placed with details of geographical spread of the organization for the past years in the format listed at 3.1.	
ii.	Experience Certificates for numbers mentioned at point (i) above from relevant agencies such as state and/or central government or their agencies, reputed bilateral/ multilateral agencies, and/or for large and reputed public limited companies, private companies, large and/or reputed non-profit organizations, scheduled commercial banks etc.	
iii.	Relevant Experience for the territory applied as per the number indicated in para 3 of section 3.9 of Guidelines in accordance with classification of States at Annexure XII, in the format listed at 3.2	

3.1. Format for learners data

Year	TRAINING DATA					ASSESSMENT DATA*
	Enrolled	Trained	Assessed	Certified	Total	Total Learner assessed
Year 1						
Year 2						
Year 3						
Year 4						
Year 5						
Total						

*the data for training and assessment should be mutually exclusive. If the same number has been trained and then assessed then that would be count as only one case and not two.

3.2. Format for establishment of minimum prior experience (any 2 years in the last 5 years)

Recognition sought for (State/UT/Pan India*)	Category of State/UT as per Annexure XII of Guidelines	Total Trained or Assessed or both**	Total Trained	Total Trained or Assessed or both**	Total trained
		Year 1		Year 2	

*For each State/UT separately.

** The trained plus assessed figure should be of unique individuals, i.e. if the same person has been trained and then assessed, then that would count for only one case, and not two.

4. Sectoral Credibility (for each sector separately)

S. No	Name of Document	Submitted (Yes/No)
i.	MoUs with industry partners from the relevant sector (large, medium, and small enterprises) with clear terms of reference and tenure of association in building the capacity of the AB	
ii.	Engagement of members from relevant industry as subject matter expert established through work orders/contracts	
iii.	Workshop reports/ meeting reports with sectoral industry partners	

5. Creation of Qualification

S. No.	Name of Document	Submitted (Yes/No)
i.	Documented process for creation, review and withdrawal of qualification/s. eg. SOPs etc	
ii.	Written plan with identified partners for conducting qualification wise/sector wise relevant demand and supply study supporting qualification creation. E.g.: plan for skill gap analysis	
iii.	Minutes of the consultations held with industries and associations to design the qualification with stakeholders such as industry, academia, practitioners' etc.	

5.1. The organization must **enlist the already NSQF aligned courses** (if any) with the relevant details

Sr. No	Sector	Qualification Name	Industry Validation done (Yes/No)	No. of batches trained and certified

6. Infrastructure Requirements

S. No	Name of Document	Submitted (Yes/No)
i.	Lease agreement of at least 3 years of the premises	
ii.	Building plan approved by competent government authority	
iii.	Title Deed of the premises	
iv.	Google Map snapshot showing location of organization's premise and allied transport connectivity	
v.	Copy of internet/telephone bill, not older than 3 months	
vi.	Self-declaration of the IT infrastructure as owned/hired by the organization	
vii.	URL of functional website with contact details of key functionaries and other stipulations as mentioned in the AB guidelines section 6	
viii.	Self declaration on data system & security of ecosystem	

7. Governance and Manpower

S. No.	Name of Document	Submitted (Yes/No)
i.	Copy of Organogram	
ii.	Self declaration by head of the organization on roles and tenure of directors in the board of the organization	
iii.	MoM of the Board meetings held every fiscal year	
iv.	Internal audit reports signed by the Board	
v.	Engagement details of Key Management staff including Head/CEO/COO with clear mention of roles & responsibilities, tenure etc as per format listed at 7.1.	
vi.	Proof of allowance/allocated budget for CPD and allied proof of membership with online/classroom based CPD courses for each function as per the format listed at 7.2.	

7.1. Senior Management Details (Includes Board Members and Head)

S. No	Name	Contact number	Email	Designation	Employed since	Education	Role & Responsibility	Past Experience

7.2. Continuous Professional Development of Staff

The organization must enlist proposed and continued measures undertaken for CPD of staff

Sr. No	Course Name	Target Audience	Course Duration	Course Fee	No. of batches trained and certified

8. Third Party Arrangements

S. No.	Name of Document	Submitted (Yes/No)
i.	Affiliation protocols for the training partners and assessment agencies created by the organization	
ii.	Sample Agreement/Work Order for the third-party agencies	
iii.	SOP for monitoring and evaluating third parties and/or training partners	

8.1. Affiliation Details

S. No	Name of Organization	Affiliation Date (DD/MM/YY)	Location	Nature of Affiliation (TP, Vendor, AA)	MoU Submitted (Yes/No/In Process)

9. Industry Linkages

S.No	Name of Document	Submitted (Yes/No)
i.	Evidence that industries engagement has been ensured in key decisions of the organizations through Membership/ MoUs/ Meetings/ Workshops etc as per the format listed at 8.1.	
ii.	Proof of a written document wherein industries of either small, medium, and large scales of business from the relevant sector have been engaged as a member in the Governing Council/ executive committee of the organization	

9.1. The organization must **enlist the proposed and the already functional industry affiliations** that it currently has

S. No	Name of Organization	Name and Contact details of the SPOC	Sector	Start date of association	Tenure of association	Complete address	Evidence submitted (MoU/ agreement etc)

10. Comprehensive Business Plan: Following details/ document to be submitted by the organization:

S.No	Name of Document	Submitted (Yes/No)
i.	Sector and Labor market research plan for present qualifications and those to be developed	
ii.	Targeted geographies with details of distinct officials and the relevant qualifications to be delivered	
iii.	Proposed trainers and assessors to be inducted	
iv.	Proposed operational staff to be hired	
v.	Proposed number of learners to be certified and placed	
vi.	Prospective employers for placing certified trainees	
vii.	Financial outlay and budget projections for implementation of the business plan	
viii.	Comprehensive monitoring plan for enlisted training partners and third-party agencies	

11. Grievance Redressal Mechanism

S. No	Name of Document	Submitted (Yes/No)
i.	Self-declaration for the establishment of a grievance redressal cell and policy of how grievances are resolved	
ii.	Letter of appointment of third-party arbitrator/legal counsel representative in the grievance redressal council	
iii.	Self-declaration for establishment of a POSH committee for the organization's staff and declaration of the such committees being present for all its affiliated bodies	
iv.	Details of helpline number	

11.1. Grievance Redressal

a. Whether Grievance Redressal Committee is present (Yes/ No):

b. If yes, details of GRC members

S. No	Name & Designation of GRC Members	Contact Details	Date of appointment

11.2. POSH Committee

a. Presence of Prevention of Sexual Harassment at Workplace Committee (Yes/No)

b. If yes, details of POSH members

Part C. Authorization Statement of the Organization

I, the undersigned, confirm the following:

- That the information contained in this application and all supporting evidence is correct and accurate, the property of the organization and that it reflects the organization’s business practice to the best of my knowledge.
- That this organization has not been blacklisted by any ministry, department, agency or undertaking of the central or any state government, nor has it at any time been indicted for corrupt and/or fraudulent practice.
- That I have never been involved in a business/institution which has been blacklisted by any ministry, department, agency or undertaking of the central or any state government, nor have i ever been indicted for corrupt and/or fraudulent practice or of an offence against the law.
- That neither the organization nor I have linkages with other organizations or individuals which might constitute a conflict of interest.

Signature of Nodal Officer:

Date

