

B. CONSORTIUM FORM FOR APPLYING AS AN ASSESSMENT AGENCY

1. a. Basic Details of the Consortium

S. No	Fields	Details
i.	Name of the consortium*	
ii.	Total Members in the consortium	
iii.	Name of the Lead partner	
iv.	Name of the other members	
v.	Sector Applied for	
vi.	State applied for	
vii.	Nodal Officer with contact details	
viii.	Office address and phone number	

*tentative name for SPV

1. b. Basic Details to be filled by each member separately

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

2. Legal Status and infrastructure requirements

S. No.	Name of Document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Certificate of Registration and/or Article of Incorporation (For each member separately)		
ii.	Society/ Trust Deed Agreement of NGO Registration Certificate issued by respective		

	state(For each member separately)		
iii.	Permanent Account Number (PAN) and Goods and Services Tax (GST)registration details & any other statutory requirement under GoI/State Government (For each member separately)		
iv.	For international agencies - <ul style="list-style-type: none"> ▪ Mutual Agreement Copy with Indian partner firm ▪ Shareholder Agreement with Indian partner firm <p>Permission from Ministry of Home Affairs, submission of FCRA clearance certificate and evidence of separate bank account for foreign funds (For each member separately-Applicable only for foreign entities with registered Indian subsidiaries/partners)</p>		
v.	Title deed and building plan (if office premises are owned)		
vi.	Lease Agreement for 3 years (if office premises are rented)		
vii.	Google Map snapshot showing location of organization's premise and allied transport connectivity		
viii.	Address proof for the premises -Copy of internet/telephone bill, not older than 3 months		
ix.	Affidavit by Authorized Person that the organization has not been blacklisted/defaulted by any agencies indicated in the Assessment Agency guidelines		
x.	Copy of the consortium agreement with a clear mention of the lead partner. (if the applicant organization is a consortium)		
xi.	Power of Attorney for Lead Member of Consortium (if the applicant organization is a consortium)		
xii.	Minutes of the consultations held with industries and associations to design the assessment strategy for their greater participation in assessment process		

xiii.	Self-declaration by the head of the organization on the availability of assessments tools including ICT tools for assessment and monitoring		
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3. Financial-

3. a. Consortium

S. No	Name of document	Submitted (Yes/No)	Page Number of Proposal Document
Signed Copy of Consortium Agreement containing the following:			
i.	Total Equity Investment		
ii.	Equity sharing pattern amongst members		
iii.	Other source of funding including debt		

3. b. For each member separately

S. No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Annual Report and Audited financial statements of the entity, duly certified by the Chartered Accountant and filed with the Income Tax Authorities for preceding 3 financial years from the date of application along with audit report		
ii.	Income tax returns for preceding 3 financial years of the entity preceding 3 financial years from the date of application		
iii.	Minimum account balance certificate from the public/private sector bank		

4. Prior Experience (For each Member separately-if applicable)

Project name:		Country:
Name of Client: (if Any)		Project Location within country:
Start date (mon/yyyy):	Completion date (mon/yyyy):	Number of learners assessed
Name of any Associated Firms(s), if any:		No. of person-months of professional staff provided by Associated Firm(s):
Name of Senior Staff (Project Director/Coordinator, Team Leader) involved:		

5. b. Capturing Proctor Details

S. No	Proctor Name	Proctor Qualification	Certification	Sectoral Expertise of Proctor	Job Roles	Languages Known	States Cate red	Date of Joining AA	Proctor Contact Number	Proctor Signature

5. c. Capturing SME Details

S. No	SME Name	SME Qualification	Relevant Experience	Sectors of Expertise	Languages Known	Date of Joining AA	SME Contact	SME Signature

5. d. Accessible Assessment Tools

S. No	Name of courses offered	Name of the assessment tools	Availability in local language (Yes/No)	Accessible for PwD (Yes/No)	Alternative for PwDs	Remarks (if any)

6. Industry Affiliations

6. a.

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Written document wherein industries engagement of has been ensured in key decisions of the organization either through membership/ MoUs/ meetings/ Workshops etc for the past 5 years		
ii.	List of industry members engaged as Subject Matter Experts		
iii.	Functional industry affiliations in the format listed below at 5.a.		

6. b. Industry Affiliations

S. No	Name of Industry partner	Name & Contact details of the SPOC	Sector	Type of association	Period of association (start date-end date)	Complete address	MoU/ any other evidence submitted (Yes/No)

7. Comprehensive Business Plan of consortium: Following details/ document to be submitted by the organization

S. No	Name of document	Nature of document	Submitted (Yes/No)
i.	Market research for trainings conducted state-wise		
ii.	Number of assessments that can be undertaken and revenue projections for the next 3 years		
iii.	Proposed number of assessors, subject matter experts and proctors to be employed		
iv.	Proposed monitoring and evaluation framework and risk mitigation strategies		

8. Accessible Assessment Tools & SOP

8. a. Tools

S. No	Name of courses offered	Name of the assessment tools	Availability in local language (Yes/No)	Accessible for PwD (Yes/No)	Alternative for PwDs	Remarks (if any)

8. b. Standard Operating Procedures (SOP):

The organization must submit evidence of the presence of standard operating procedures for the following thematic areas:

- i. Internal Quality Assurance
- ii. Process of assessment planning and delivery
- iii. Grievance
- iv. Data management systems

9. Grievance Redressal Mechanism

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

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

d. . If yes, details of POSH members

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

10. Continuous Professional Development of Staff

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

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

11. Authorization Statement of the Organization

I, the undersigned, confirm the following:

- a.** 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.
- b.** 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.
- c.** 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 nor of an offence against the law.
- d.** That neither the organization nor I have linkages with other organizations or individuals which might constitute a conflict of interest.

Signature of legal head

Date