

A. CONSORTIUM FORM FOR APPLYING AS AN AWARDING BODY

1. a. COVER LETTER BY LEAD PARTNER

(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 consortium 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 consortium will no longer be eligible for recognition.

I, the undersigned, will also ensure that the consortium 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 consortium*) to review these terms and conditions in order to maintain compliance.

Signed

(Name and Position)

On behalf of (Name of consortium)

1. b. 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 (from Lead Partner) with contact details	
viii.	Office address and phone number	

*tentative name for SPV

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

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.)	
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- For each member separately

S. No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Certificate of Registration and/or		
	Article of Incorporation		
	Society Deed Agreement or NGO Registration Certificate issued by respective State		
ii.	Permanent Account Number (PAN) and Goods and Services Tax (GST) registration details		
iii.	For international agencies -		
	Mutual Agreement copy with Indian partner firm		
	Shareholder Agreement with Indian partner firm		
	Permission from Ministry of Home Affairs and evidence of separate bank account for foreign funds (FCRA)		
iv.	Self-Declaration by authorized person that the organization		
	i. Has not been blacklisted by any agencies indicated in the AB guidelines		
	ii. Organisation is not-for profit entity		
	iii. Entities applying under consortium shall not have any conflict of interest as mentioned in explanatory note of annexure XIII		

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.	Audited account statements signed by an independent financial auditor for the last three years		
ii.	Cash flow statement		
iii.	Annual report of the organization		

4. Prior Experience

S. No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Details of learners either trained or assessed or both in the formats listed below at 4.a, 4.b and 4.c		
ii.	Relevant experience certificates and/or record of experience in the skill development industry against the details provided in the above point		
iii.	An undertaking from the lead partner stating that the entity has been in business for the period of past 5 years with no gap/s of 6 months		

4. a. Consortium- State/UT wise Information in below format:

S. No	Period-Year Wise	Total no. either trained or assessed or both	Total No. of trained candidates	State/ UT where activity was undertaken

4. b. For each member with Equity share holding of at least 26 percent

S. No	Period-Year Wise	Total no. either trained or assessed or both	Total No. of trained candidates	State/ UT where activity was undertaken

*Relevant experience certificates and/or record of experience in the skill development industry

4. c. Lead Partner-For the past five years

S.No	Period- Quarterly	Total no. either trained or assessed or both	Total No. of trained candidates	State/ UT where activity was undertaken

5. Sectoral credibility and Industry Linkage (For member/s with Equity share holding of at least 26 percent individually)

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.		

5. a. 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)

6. Comprehensive Business Plan of Consortium: Following details/ documents to be submitted by the organization

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Targeted geographies with details of distinct officials and the relevant qualifications to be delivered		

ii.	Trainers and assessors inducted/to be inducted		
iii.	Proposed number of learners to be certified and placed		
iv.	Prospective employers for placing certified trainees		
v.	Financials allocated for each of the activities		
vi.	Budget projections for implementation of business plan		

7. Proposed Infrastructure, Governance and Other Arrangements

7. a. Infrastructure

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Google Snapshot clearly showing Location of office premises		
ii.	Lease Deed/Title mentioning area of the premises		
iii.	Self Declaration mentioning details of IT infrastructure and data systems		

7. b. Governance

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i.	Document clearly mentioning the following: <ul style="list-style-type: none"> a. Manpower strength b. Details of departments/ divisions c. Key management positions with roles and responsibilities 		
ii.	Organogram		

7. c. Qualifications

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i	Process of qualification creation and review process		
ii	Written plan with identified partners for conducting qualification wise/sector wise relevant demand and supply study supporting qualification creation		
iii	Standard operating procedures for the Qualification creation, delivery, and withdrawal.		
iv	List of qualifications, if any		

7. d. Other Arrangements

S.No	Name of document	Submitted (Yes/No)	Page No. of Proposal Document
i	Grievance Redressal Mechanism		
ii	Third party affiliation and monitoring protocols		

8. Authorization Statement of the Organization

8. Authorization Statement:

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 applicant entity and that it reflects the organization’s business practice to the best of my knowledge.
- That this applicant entity & its members have 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 applicant entity nor I have linkages with other organizations or individuals which might constitute a conflict of interest.

Signature of Nodal Officer:

Date

Office use only :

Application checked by	
Registration No	
All required information provided	
Follow up action	
Date	