

APPLICATION FOR DUAL CATEGORY

Part A: Basic Details of the Organization

A. Initial Registration Form:

S. No.	Fields	Additional Sub-fields
i	Type of Applicant Organization	Government, Private, Skill University
ii	Focus of Organization	Rural, Urban, Women, Minority, J&K, North East and LWE, Disability, Any Other
iii	Name of the Institution	
iv	Address	Detailed Postal Address with Pin Code along with: Telephone Number (0) Email Address Website URL
v	Contact Details of Head	<ul style="list-style-type: none"> ▪ Name ▪ Phone Number ▪ Email id
vi	Details of Contact/Nodal Officer	<ul style="list-style-type: none"> ▪ Name of person responsible for the application process: ▪ Job title/ designation of officer: ▪ Phone number and email address for officer
vii	Sectoral Expertise	<ul style="list-style-type: none"> ▪ Name of the sector/ s ▪ No. of years of operation
viii	Geographical Presence	<ul style="list-style-type: none"> ▪ No of States of Operation
ix	Current status of affiliation/ recognition/ empanelment/ partnership/ association etc: (if any)	<ul style="list-style-type: none"> ▪ affiliation/ recognition/ empanelment/ partnership/ association etc with SSC, NSDC, DGT, GoI Ministry, SCVT/SSDM/State Department, any other
x	Reasons for seeking Dual Category Recognition	<ul style="list-style-type: none"> ▪

B. Cover Letter:

(Date)

Dear Sir/Madam

Sub: Application for NCVET Dual Recognition

I, the undersigned, hereby acknowledge that I have read and understood the requirements and conditions under the Eligibility & Continuation Criteria mentioned in the Guidelines and Operational Manuals for recognition and regulation of Awarding Body and Assessment Agency respectively. 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 Operations Manuals 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)

C: Basic Details of the Organization

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), if applicable	
v.	GST Registration Number, if applicable	
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	

D. The organization must submit the following documents for Dual Category Recognition separately for both Awarding function (Part -I) and Assessment function (Part -II)

PART - I: AWARDING FUNCTION:

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)
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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)

S.No	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

S. 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.

Sr. 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/ documents to be submitted by the organization:

S.No	Name of Document	Submitted (Yes/No)
a.	Sector and Labor market research plan for present qualifications and those to be developed	
b.	Targeted geographies with details of distinct officials and the relevant qualifications to be delivered	
c.	Proposed trainers and assessors to be inducted	
d.	Proposed operational staff to be hired	
e.	Proposed number of learners to be certified and placed	
f.	Prospective employers for placing certified trainees	
g.	Financial outlay and budget projections for implementation of the business plan	
h.	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

Office use only

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

PART – II: ASSESSMENT FUNCTION:

1. Legal status and infrastructure requirements

S. No.	Name of Document	Nature of Document	Submitted (Yes/No)
i.	Certificate of Registration and/or Article of Incorporation	Mandatory	
ii.	Society/Trust Deed Agreement of NGO Registration Certificate issued by respective state	Mandatory (for NGOs)	
iii.	Permanent Account Number (PAN) and Goods and Services Tax (GST) registration details & any other statutory requirement under GoI/State Government	Mandatory	
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</p>	Applicable only for foreign entities with registered Indian subsidiaries/partners	
v.	Title deed and building plan	Mandatory (if office premises are owned)	
vi.	Lease Agreement for 3 years	Mandatory (if office premises are rented)	
vii.	Google Map snapshot showing location of organization's premise and allied transport connectivity	Mandatory	
viii.	Address proof for the premises -Copy of internet/telephone bill, not older than 3 months	Mandatory	
ix.	Affidavit by Authorized Person that the organization has not been blacklisted/defaulted by any agencies indicated in the Assessment Agency guidelines	Mandatory	
x.	Copy of the consortium agreement (Letter of Intent or Memorandum of Understanding) with a clear mention of the lead partner.	Mandatory (if the applicant organization is a consortium)	
xi.	Power of Attorney for Lead Member of Consortium	Mandatory (if the applicant organization is a consortium)	
xii.	Minutes of the consultations held with industries	Mandatory	

	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	Mandatory	

2. Financial Viability: The organization must submit the following documents:

S. No	Name of Document	Nature of Document	Submitted (Yes/No)
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	Mandatory	
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	Optional	
iv.	Internal audit reports signed by the Board		

3. Senior Management Details (Includes board members and head of the organization)*

S. No	Name	Title/ Designation	Phone and Email Id	Address

- a. *Copy of Organogram Engagement letter of Head of the Organization delineating roles & responsibilities, tenure, and certificate of character (police verification)
- b. Copy of electricity/ telephone bill mentioning residential address of the Head of the Organization
- c. Conflict of interest policy and mitigation mechanisms

The resumes of the senior personnel should be submitted in the format listed below along with the engagement letter:

Position /Title		Photo
Name of Professional		
Date of Birth		

3.1. Education:

S. No	Year	Degree/ Diploma	University/ College/ Institution

3.2. Employment Record:

S. No	Period	Employing organization and title/position. Contact info for references	Country	Summary of activities performed relevant to the during the tenure

3.3. Membership in Professional Associations and Publications

3.4. Adequacy for the Assignment:

S. No	Detailed Tasks Assigning the Organization	Reference to Prior Work/Assignments that Best Illustrates capacity to Handle the Assigned Tasks

3.5. List of assessors/examiner/proctors

S. No	Name	Eligibility (Education)	Prior Experience	Certified (Yes/NO)	Tenure of engagement	Full time/part time

3.6. SME Details

S. No	Name	Prior Experience	Tenure of engagement

3.7. List of staff (other than assessors/examiner/proctors and SME) involved in assessment and monitoring

4. Prior Experience

Each of the projects/programmes that the organization has done has to be listed in the format listed below. Work order(s) along with completion certificate/appointment certificate for each of the engagements have to be attached

Project name:		Country:
Name of Client: (if Any)		Project Location within country:
Start Date (MM/YYYY):	Completion Date (MM/YYYY):	Approx. Value of Services:
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:		
Detailed Narrative Description of Project:		
Detailed Description of Actual Services Provided by the organization:		

5. Sectoral Credibility

5.1.

S. No	Name of Subject Matter Expert*	Date of joining (DD/MM/YY)	Location

5.2.

S. No	Name of Assessor/Examiner/Proctor*	Date of joining (DD/MM/YY)	Location

- a. ***Engagement letters to be submitted as supporting documents**
- b. **The resumes of the Subject Matter Experts (SME) must be provided in the same way as the senior management**
- c. Self-declaration on the number of assessments being carried out in the sector in which recognition is sought

6. Geographical credibility

6.1.

S. No	Name of Assessor/Examiner/Proctor*	Date of joining (DD/MM/YY)	Location

***Engagement letters to be submitted as supporting documents**

6.2. 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)

Self-declaration on the number of assessments being carried out in the geography in which recognition is sought

7. Grievance Redressal Mechanism

7.1. 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

7.2. POSH Committee

- a. Presence of Prevention of Sexual Harassment at Workplace Committee (Yes/No)
- b. If yes, details of POSH members

8. Assessment Experience

The organization must enlist the details of the assessments undertaken prior to the application

Sr. No	Sector	Qualification Name	Name of Awarding Body (whose QP was assessed)	No. of batches trained and/or assessed

9. 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

**training for the courses to be undertaken at the assessment agency at least for a time period of one year. Part of the business/financial plan*

10. Comprehensive Business Plan:

The organization must submit a comprehensive business plan with the following parameters being mentioned:

- 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

11. 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

Further, in the Operational Manual against each of the parameters, the SOPs have been mentioned and they must be shared with NCVET

13. 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 nor 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 Legal Head

Date

Office use only

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