

**File No. 32001/25/2020/NCVET/694**  
**Government of India**  
**Ministry of Skill Development & Entrepreneurship**  
**National Council for Vocational Education & Training**

Kaushal Bhawan,  
B-2, Pusa Road,  
Karol Bagh  
New Delhi 110005

Date: 31-08-2021

**OFFICE ORDER**

**Sub: Amendment of Guidelines and Operational Manual for Recognition & Regulation of Awarding Bodies**

In reference to the Guidelines for Recognition and Regulation of Awarding Bodies launched by the Hon'ble Minister, MSDE on October 27, 2020 issued vide Office Order No. 22003/4/2020/NCVET dated 28-10-2020, the following amendments to the guidelines and operational manual are made as per details given under:

**Awarding Body Guidelines**

**1. Section 3.5, Process, at Page No. 10**

**Last Para written as** "Post recognition, a Letter of Intent (LoI) will be issued by NCVET to the recognized AB indicating sector/s and territorial jurisdiction for which the said body has been recognized. The recognized Body will be thereafter given a maximum period of 3 months for submitting its qualification/s for NCVET approval. The tenure of recognition with NCVET will be applicable from the date of signing the agreement between NCVET and the recognized Awarding Body, post approval of the first qualification of an AB."

To be read as:

***"Post recognition, a Letter of Intent (LoI) will be issued by NCVET to the recognized AB indicating sector/s and territorial jurisdiction for which the said body has been recognized. The recognized Body will be thereafter given a maximum period of 3 months for submitting its qualification/s for NCVET approval. In case the recognized body already has NSQF aligned qualification/s listed on NQR, they will be required to submit a list of qualification/s they intend to continue implementing post recognition also. The tenure of recognition with NCVET will commence from the date of signing the agreement between NCVET and the recognized Awarding Body, post NSQF alignment of the first qualification or approval of list of intended qualifications by NCVET as the case may be."***



**2. Section 3.8, - Suspension/ De-recognition at Page No. 12**

Following shall be added as point iii at the end of para 3.8.

***"If the information submitted by an Awarding Body in the application form / self evaluation form is found to be false/ mis-represented."***

**3. Section 3.9, Para 1(a)- Legal Status at Page No. 13:**

The entity must be a Government institution /Autonomous Body / Academic Institution / University / Company/ Not-for-Profit Society or Trust/ Limited Liability Partnership and must be registered with the appropriate authority in India

To be read as:

***"The entity must be a Government institution /Autonomous Body / Academic Institution / University / Company/ Not-for-Profit Society or Trust and must be registered with the appropriate authority in India."***

**4. Section 3.9 , Para 1(b)- Legal Status at Page No. 13:**

A consortium arrangement with a clearly identified lead partner would be allowed to apply. If at point in time, the lead partner abdicates the consortium, the said entity would cease to be recognized.

To be read as:

***"A consortium arrangement with a clearly identified lead partner would be allowed to apply. A detailed note along with the application form wrt consortium arrangement is placed at Annexure XIII of the Operational Manual for Recognition & Regulation of Awarding Bodies."***

*The Annexure XIII mentioned in the Para above is placed as Annexure 'A' of this order.*

**5. Section 3.9 , Para 3(a)(iv)- Prior Experience at Page No. 15**

For subsidiaries, the experience of the parent organization may be considered at the discretion of NCVET, if the subsidiary has been specifically formed by the parent body for the purpose of being an awarding body, and the management control of the subsidiary remains with the parent body.

To be read as:

***"Credentials of an entity against 'Prior experience', 'Financial viability' and any other parameter/s as listed in the eligibility criteria can be considered for the applicant entity at the discretion of NCVET, provided the following conditions are fulfilled:***



- i. *Applicant entity and entity whose credentials are being considered must have common ownership, that is that more than 50% of the shareholders or owners must be common*
- ii. *Credentials of an entity can only be considered once for a single application, that is the same credentials cannot be considered for multiple application/entities*
- iii. *Applicant entity once recognised shall only function as an Awarding body with no other mandate*
- iv. *Fulfillment of all parameters as listed in Para 3.11 regarding 'Conflict of Interest'*

6. Following shall be added as Para 3.11 titled 'Conflict of Interest' at page number 20

*"Entities applying for Awarding Body recognition shall not have any conflict of interest that affects their recognition as an Awarding Body. Entities found to have a Conflict of Interest shall be disqualified/suspended/derecognized. Entities shall be deemed to have a Conflict of Interest if:*

- i. *An Entity applying/recognised as an Awarding Body also operates as an Assessment Agency or applies for Assessment Agency recognition at NCVET. (This condition however may be relaxed/ permitted under Dual category recognition status)*
- ii.
- iii. *An Entity recognised as an Awarding Body also operates as Training Partner/Training Centre of any other Awarding Body*
- iv. *Shareholder or owner of an Awarding Body is also a shareholder or owner in some other recognised AB/AA or any entity applying for recognition as an AB/AA*
- v. *Entity for the above points would include the legal entity applying for recognition/recognised by NCVET, its parent/holding/promoting bodies, subsidiary and associate bodies."*

#### **AWARDING BODY OPERATIONAL MANUAL**

7. Section 2.4, Para 2, last point of Financial Viability at Page No. 14

One of the evidences mentioned as:

*"Copy of liability insurance with clear mention of premiums paid till the accreditation period at least (3 years)*

*stands deleted and is not needed anymore for the purpose of recognition.*



**8. Section 2.4, Para 4: Sectoral Credibility and Industry Linkages at Page No. 15**  
The Title 'Sectoral Credibility and Industry Linkages'

To be read as '*Sectoral Credibility*'

**9. Annexure II: Application Form**

The application form has been revised and shall replace the existing application form in the OM.

**10. Annexure XI: Template for Dual Category Recognition**

The application form has been revised and shall replace the existing application form in the OM.

**11. Annexure XIII: Consortium**

A detailed note on Consortium along with application forms has been added as Annexure XIII in the OM.

12. This issues with the approval of the Competent Authority

  
31/08/21  
**Lt Col Gunjan Chowdhary**  
Director

**ANNEXURE A**  
**(Annexure XIII of the Operational Manual)**

**CONSORTIUM**

**1. Explanatory Note**

**A. Consortium - Definition:**

A consortium is an association of entities with an objective of getting recognised as an AB/AA to specifically perform skill development activities by pooling their resources and expertise.

Entities in this case should hold the 'Legal Status' individually as defined in Para 1 of Section 3.9 of the 'Guidelines for Recognition & Regulation of Awarding Bodies'.

**B. Formation:**

Consortium should be setup specifically for the purpose of becoming an AB/AA with no other mandate. Members of the Consortium shall enter into a binding Agreement (the "Consortium Agreement") for the purpose of making and submitting the application for recognition. The Consortium Agreement shall, inter alia:

- i. Convey the intent to form an SPV with Shareholding/Equity commitment(s) in accordance with these guidelines, which would enter into the Agreement and subsequently carry out all the responsibilities as per the terms of the Agreement, in case the recognition is awarded to the Consortium.
- ii. Clearly outline the proposed roles and responsibilities of each member particularly with reference to financial, technical and Operations & Maintenance obligations.
- iii. Commit that the Consortium members shall collectively hold 100% (one hundred per cent) of the Equity of the SPV for the tenure of recognition.
- iv. Commit the minimum Equity stake (10%) to be held by each member.
- v. Commit that each of the members, whose experience will be evaluated for the purpose of determining eligibility, shall subscribe to 26% (twenty six per cent) or more of the Equity of the SPV and shall further commit that each such member

shall during the Term, hold Equity share capital not less than 26% (twenty six per cent) of the equity share capital of the SPV.

- vi. Include a statement to the effect that all members of the Consortium shall, for the entire term of the recognition, be liable jointly and severally for all obligations in relation to the activities performed by SPV.
- vii. There shall not be any amendment to the Consortium Agreement without the prior written consent of the NCVET.

### **C. Application Process:**

- i. A Consortium with a clearly identified lead partner can apply in the format listed at section 2 of this document. A well defined Consortium Agreement as explained in Para 1B shall also be submitted along with the application.
- ii. Eligibility Criteria to be fulfilled as per Guidelines for Recognition & Regulation of Awarding Bodies/Assessment Agencies are as below:
  - a. Legal: The details need to be submitted by all the members in case of Consortium along with the Consortium Agreement.
  - b. All other Criteria including 'Prior Experience' and 'Financial Requirements': For all other criteria combined strength of those partners is admissible, who intend to have an at least 26% (twenty six percent) share of the total equity individually in the SPV.
- iii. Members of the Consortium shall nominate one member as the '**Lead Member**' for the purpose of representing Consortium with respect to all activities of the application & recognition process. The nomination shall be supported by a Power of Attorney, signed by all the other members of the Consortium.
- iv. Key Role & Responsibilities of the Lead Member are as follows:
  - a. Should commit to subscribe & hold at least 26% (twenty six per cent) of the equity of the SPV
  - b. Should have been in business as defined in the AB Recognition Guidelines i.e. for the period of at least 5 years in case of an AB and 3 years in case of an AA with no gap/s exceeding 6 months between operations of the entity. (exemptions as in guidelines)

- c. Nodal contact for all communications with NCVET with respect to recognition process.
- d. Representative of consortium with respect to recognition process at NCVET empowered via Power of Attorney
- v. Application of consortium for recognition as an Awarding Body/Assessment Agency will be processed as per the detailed processes and timelines as mentioned in "Guidelines for Recognition & Regulation of Awarding Bodies" & "Guidelines for Recognition & Regulation of Assessment Agencies". An Applicant entity once recognised will be awarded a letter of Intent (LoI). Such recognized body must form a SPV (Special Purpose Vehicle) as mentioned in Para 1D of this document within three months from the date of issue of LoI and submit the relevant documents including Certificate of Incorporation, Memorandum of Association and Articles of Association. In case of an AB, the body must also submit the qualification/s for approval within this time frame i.e. three months from the date of issue of LoI.

**D. Special Purpose Vehicle:**

Consortium partners shall form an appropriate Special Purpose Vehicle under the Indian Companies Act 1956/Companies Act, 2013 (the "SPV"), to get recognised as an AB/AA. However they shall directly hold 100% of the equity of the SPV throughout the tenure of recognition.

**E. Composition:**

- i. Number of members in a Consortium initially and then SPV should be limited to 5 (five), whereby each Member individually holds at least [10% (ten per cent)] of the paid up and subscribed equity of the SPV.
- ii. Any change in the composition of Consortium /SPV to be pre-approved by NCVET.
- iii. A member of a particular Consortium and SPV formed thereafter cannot be member of any other Consortium applying for recognition or SPV recognized by NCVET. Also such member/s cannot apply independently for recognition as an AB/AA.

- iv. Applicant entity can be a private entity, government-owned entity or any combination of them under an existing agreement in the form of a Consortium.

**F. Tenure:**

As per the NCVET guidelines, the initial recognition will be granted for a period of three years with a provision of fast track renewal for another two years.

As explained earlier, tenure of consortium will commence from the date of signing of Agreement with AB/AA as mentioned in the guidelines.

**G. Conflict of Interest:**

Entities applying as consortium shall not have any conflict of interest (the "Conflict of Interest") that affects their recognition as an AB/AA. Entities found to have a Conflict of Interest shall be disqualified. Entities shall be deemed to have a Conflict of Interest if:

- i. A Consortium/SPV, its Member/s have common controlling shareholders or other ownership interest in the other recognized AB/AA or any entity applying for NCVET recognition, its Member or Associate; or
- ii. A constituent of such Consortium/SPV is also a constituent of another Consortium/SPV; or
- iii. Such Consortium/SPV, or any Member/s thereof receives or has received any direct or indirect subsidy, grant, concessional loan or subordinated debt from any other AB/AA/Consortium, or any Member/s thereof or has provided any such subsidy, grant, concessional loan or subordinated debt to any other AB/AA/Consortium or its any Member thereof;

**H. Certification:** Certificates will be issued on the name and logo of SPV and as per the Certificate templates & guidelines issued by NCVET from time to time.

**I. Earning & Sharing of Experience by the Consortium Partners:**

Experience earned by a Consortium while functioning as an AB/AA will be shared in the equity shareholding pattern of SPV as on the date when experience is being counted. Such experience certificates shall be ratified by NCVET. Equity/Shareholding pattern is to be mentioned both in the Consortium Agreement initially during application and later



reflected in the SPV documents. Any change in the same shall be pre approved by NCVET.

**J. Blacklisting/Barring:**

- i. Any entity which has been barred by the Central/ State Government, or any entity controlled by it, from participating in any project/scheme/program, and the bar subsists as on the date of submission of the application, would not be eligible, either individually or as member of a Consortium.
- ii. Any Consortium Member or Associate should, in the last 3 (three) years, have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Consortium Member or Associate, as the case may be, nor has been expelled from any project or contract by any public entity nor have had any contract terminated by any public entity for breach by such Consortium Member or Associate
- iii. No entity shall submit more than one application for recognition as an AB/AA/Member of consortium. An entity applying individually or as a member of a Consortium shall not be entitled to submit another application either individually or as a member of any Consortium, as the case may be.
- iv. The self-certification / undertaking with respect to point I (ii & iii) above needs to be provided by all the members of a Consortium.

**Apart from the provisions mentioned above all the other provisions of Guidelines for Recognition & Regulation of AB/AA like timelines, processes, formats etc. shall be applicable to the entities applying as consortium.**

## 2. Application Forms

### 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<br>i. Has not been blacklisted by any agencies indicated in the AB guidelines<br>ii. Organisation is not-for profit entity<br>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 |
|--|--|--------------------|----------------------------------|
| <b>Signed Copy of Consortium Agreement containing the following:</b> |  |                    |                                  |
| 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:<br>a. Manpower strength<br>b. Details of departments/ divisions<br>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                              |  |



**B. CONSORTIUM FORM FOR APPLYING AS AN ASSESSMENT AGENCY****1. a. Basic Details of the Consortium**

| <b>S. No</b> | <b>Fields</b>                      | <b>Details</b> |
|--------------|------------------------------------|----------------|
| 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**

| <b>Sr. No.</b> | <b>Fields</b>   | <b>Details</b> |
|----------------|---|----------------|
| 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**

| <b>S. No.</b> | <b>Name of Document</b>   | <b>Submitted (Yes/No)</b> | <b>Page No. of Proposal Document</b> |
|---------------|---|---------------------------|--------------------------------------|
| 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.   | <p>For international agencies -</p> <ul style="list-style-type: none"> <li>▪ Mutual Agreement Copy with Indian partner firm</li> <li>▪ Shareholder Agreement with Indian partner firm</li> </ul> <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   |  |  |

### 3. Financial-

#### 3. a. Consortium

| S. No  | Name of document                       | Submitted (Yes/No) | Page Number of Proposal Document |
|--|--|--------------------|----------------------------------|
| <b>Signed Copy of Consortium Agreement containing the following:</b> |  |                    |                                  |
| 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: |                             |  |
| Detailed Narrative Description of Project:                                 |                             |  |
| Detailed Description of Actual Services Provided by the organisation:      |                             |  |



#### 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**

### **C. CONSORTIUM FORM FOR APPLYING UNDER DUAL CATEGORY**

In case of applying for dual category, both AB and AA application forms are to be filled

## 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<br>Article of Incorporation   |                    |
| ii.   | Society Deed Agreement or<br>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 :  |                    |
|       | <b>a.</b> Mutual Agreement copy with Indian partner firm  |                    |
|       | <b>b.</b> Shareholder Agreement with Indian partner firm  |                    |
|       | <b>c.</b> 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:<br>i. Has not been blacklisted by any agencies indicated in the AB Guidelines<br>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 |
|--------|-------------|-----------------|-----------------|------------|--------------------------------------|
|        |             |                 |                 |            |                                      |



**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**

Office use only :

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

## 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:<br>Telephone Number (0)<br>Email Address<br>Website URL   |
| v.     | Contact Details of Head   | <ul style="list-style-type: none"> <li>▪ Name</li> <li>▪ Phone Number</li> <li>▪ Email id</li> </ul>  |
| vi.    | Details of Contact/Nodal Officer  | <ul style="list-style-type: none"> <li>▪ Name of person responsible for the application process:</li> <li>▪ Job title/ designation of officer:</li> <li>▪ Phone number and email address for officer</li> </ul> |
| vii.   | Sectoral Expertise  | <ul style="list-style-type: none"> <li>▪ Name of the sector/ s</li> <li>▪ No. of years of operation</li> </ul>  |
| viii.  | Geographical Presence   | <ul style="list-style-type: none"> <li>▪ No of States of Operation</li> </ul>   |
| ix.    | Current status of affiliation/ recognition/ empanelment/ partnership/ association etc: (if any) | <ul style="list-style-type: none"> <li>▪ <b>affiliation/ recognition/ empanelment/ partnership/ association etc</b> with SSC, NSDC, DGT, GoI Ministry, SCVT/SSDM/State Department, any other</li> </ul>         |
| x.     | Reasons for seeking Dual Category Recognition   | <ul style="list-style-type: none"> <li>▪</li> </ul>   |



**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**

| <b>Sr. No.</b> | <b>FIELDS</b>   | <b>DETAILS</b> |
|----------------|---|----------------|
| 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**

| <b>S. No</b> | <b>Name of Document</b>   | <b>Submitted (Yes/No)</b> |
|--------------|---|---------------------------|
| 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:<br>i. Has not been blacklisted by any agencies indicated in the AB Guidelines<br>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)**

| 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 |
|--------|-------------|-----------------|-----------------|------------|--------------------------------------|
|        |             |                 |                 |            |                                      |



**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**

| <b>S. No.</b> | <b>Name of Document</b>   | <b>Nature of Document</b>   | <b>Submitted (Yes/No)</b> |
|---------------|---|---|---------------------------|
| 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"><li>▪ Mutual Agreement Copy with Indian partner firm</li><li>▪ Shareholder Agreement with Indian partner firm</li></ul> Permission from Ministry of Home Affairs, submission of FCRA clearance certificate and evidence of separate bank account for foreign funds | 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 and associations to design the assessment strategy for their greater participation in assessment process | Mandatory        |  |
| 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:

|                             |  |              |
|-----------------------------|--|--------------|
| <b>Position /Title</b>      |  | <b>Photo</b> |
| <b>Name of Professional</b> |  |              |
| <b>Date of Birth</b>        |  |              |

**3.1. Education:**

| <b>S. No</b> | <b>Year</b> | <b>Degree/ Diploma</b> | <b>University/ College/ Institution</b> |
|--------------|-------------|------------------------|---|
|              |             |                        |   |

**3.2. Employment Record:**

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

**3.3. Membership in Professional Associations and Publications**

**3.4. Adequacy for the Assignment:**

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

**3.5. List of assessors/examiner/proctors**

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

**3.6. SME Details**

| <b>S. No</b> | <b>Name</b> | <b>Prior Experience</b> | <b>Tenure of engagement</b> |
|--------------|-------------|-------------------------|-----------------------------|
|              |             |                         |                             |

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                              |  |