

 

APPLICATION FORM FOR AFFILIATION OF VTP (VOCATIONAL TRAINING PARTNER FOR PMKVY SCHEME)

**GENERAL INSTRUCTIONS**

1. The affiliation is open only for company-owned training centres/ facilities.
2. The affiliation would hold for a particular centre only.
3. Separate due-diligence would be done for each of the centre applied for by the VTP for PMKVY.
4. Copies of all the relevant documents should be sent along with the application form.
5. For each of the job roles being applied for, the relevant infrastructure, training process and trainer details be provided separately.
6. The Council (MESC) reserves the final right to grant affiliation.
7. The decision of MESC (Media & Entertainment Skills Council) would be final and no queries would be entertained in the matter.
8. The filled-in application form should be sent at the following address:

**The Secretary**

**Media & Entertainment Skills Council,**

**c/o FICCI,**

**1, Tansen Marg,**

**New Delhi - 110001**

1. NSDC affiliated Training Partners may also submit NSDC Affiliation Certificate to MESC along with all the documents as submitted and filed with NSDC.

**APPLICATION FOR AFFILIATING FOR THE FOLLOWING JOB ROLES FOR PMKVY**

**(AS PER QUALIFICATION PACKS):**

(Add more columns, if required)

**Section 1: Institution and Management Profile**

1. Name of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Whether NSDC funded – Yes/ No

If Yes, provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name/s of the Director/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Details of the Institution:
   1. Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Phone No. with STD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email of the Director/s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Website Address: ­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Prior Exposure of the Institution in Skill Development Space

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medium of instructions in Institute:

English Hindi Any Other

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Institute have branches? Yes No

**(If Yes, attach the list of Branches as Enclosure 1)**

1. PAN No. and TAN No. of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach photocopy of the PAN card and last IT return as Enclosure 2)**

1. Turnover of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Audited balance sheet of last 3 years as Enclosure 3)**

14. Is the Institute Recognized with any bodies? Yes No

15. If Yes, Please mention the following:

1. Name of the Body with which recognized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Recognition No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Year of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Validity of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Recognition certificate as Enclosure 4)**

19. Is the Institute Affiliated with any Regulatory Body? Yes No

20. If Yes, Please mention the following:

1. Name of the Regulatory Body with which affiliated: ­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Affiliation No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Year of Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_
3. Validity of affiliation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Affiliation certificate as Enclosure 5)**

1. Educational Qualifications and Experience of the Director/s and the Management Team members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Director/ Management Team Members | Educational Qualifications | Overall Work Experience  (in years) | Prior Experience in the Skills Training Space | Key Achievements in the Skills Development |
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1. Details of the Operation Head and the Affiliation Coordinator of the VTP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Operations Head and Affiliation Coordinator | Educational Qualifications | Overall Work Experience  (in years) | Prior Experience in the Skills Training Space | Key Achievements in the Skills Development |
|  |  |  |  |  |
|  |  |  |  |  |
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1. Provide the Contact Details of the Directors/ Management Team/ Operations Head/ Affiliation Coordinator

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Address | Contact Numbers – Both Land Line and Mobile | Email-ids |
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**Section 2: Quality Aspects in Institution Governance**

1. Does your Institution have a “Mission Statement”?

Yes No

1. If Yes, please write the Mission Statement in the space provided below:
2. Does your Institution have as “Operations Manual”?

Yes No

1. Please certify if your “Operational Manual” cover the aspects mentioned below in the table. At the time of affiliation assessment, the Operations Manual will have to be presented for physical verification.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Background of the Institution |  |  |
| Organization Structure |  |  |
| Details of other Affiliations, if applicable |  |  |
| Industry Linkages |  |  |
| Profile of Senior and Middle Management |  |  |
| Profile of trainers |  |  |
| Details of Infrastructure, workshop, store etc. |  |  |
| Process of internal evaluation |  |  |
| Placement cell details and its placement tracks |  |  |
| Courses offered |  |  |

1. In the space provided below, provide the financial resources which shall be capable of sustaining a sound vocational educational program consistent with its stated mission and objectives.
2. Provide the list of all statutory and regulatory compliances followed by the Institution.

**Section 3: Training Operations - Processes**

1. Details of documented process for management of Human Resources. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Recruitment guidelines and criteria based on required competencies |  |  |
| Process of reviews to identify competency gaps vis-à-vis requirement in the in-house talent |  |  |
| Training and professional development plan and processes |  |  |
| Maintaining records of qualifications and experience |  |  |
| Process of motivation and enhancement of self-esteem amongst the staff |  |  |
| SSC Specific add-ons |  |  |

28. Details of the Teaching Staff

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name | Designation | Degree/  Diploma | Training  Certificate | Industry  Experience | Instruction  Experience | Regular/Visiting |
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29. Have the Trainers undergone any specialized training? Yes No

**(If Yes, attach the Details of the training as Enclosure 6)**

30. Administrative Support Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Staff | Permanent | Temporary/Part-time | Total |
| 1. | Office Manager |  |  |  |
| 2. | Office Staff |  |  |  |
| 3. | Lab Attendants |  |  |  |
| 4. | Accountant |  |  |  |
| 5. | Support Staff |  |  |  |
| 6. | Others |  |  |  |

31. Details of the Curriculum of the all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of curriculum on the basis of QP and NOS developed by the SSC |  |  |
| Review process to gauge the effectiveness of the curriculum developed |  |  |
| Clear demarcation of time to theory and practical as per the criteria set by regulatory bodies |  |  |
| Pedagogy inclusive of time schedule and lesson plan |  |  |
| Process of SME engagement in curriculum design and development |  |  |
| Review process for approval of curriculum from the SSC |  |  |
| SSC specific |  |  |

32. Details of the Courseware of all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of courseware on the basis of QP and NOS based curriculum approved by SSC |  |  |
| Existence of Facilitators Guide |  |  |
| Existence of Trainer Guide |  |  |
| Existence of Participant Manuals |  |  |
| Existence of Assessment Guides |  |  |
| Existence of participant feedback forms |  |  |
| Existence of Training Delivery Plans |  |  |
| Review process to gauge the effectiveness of the courseware developed |  |  |
| Process of SME engagement in courseware design and development |  |  |
| Review process for approval of courseware by the SSC |  |  |
| SSC specific |  |  |

33. Details of the Teaching Process for the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Time table |  |  |
| Delivery plan |  |  |
| Monitoring and evaluation process of students – continuous assessments, tests, examination etc. |  |  |
| Management of student evaluation records |  |  |
| Lab/ workshop exposure and its linkage to theoretical delivery |  |  |
| Industry visits |  |  |
| SSC specific |  |  |

34. Details of Training Methodology. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of training methodology |  |  |
| Existence of training aids |  |  |
| SSC Specific |  |  |

35. Details of Methodology adopted for Continuous Evaluation. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of Continuous Evaluation |  |  |
| Documented process on student monitoring on learning |  |  |
| SSC specific |  |  |

36. Details of Methodology adopted for Industrial Interface. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of engagement of experts from the industry |  |  |
| Documented process on integration of real life problems from the industry and exposing students sample solutions |  |  |
| SSC Specific |  |  |

37. Details of Methodology adopted for Student Development. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of imparting soft skills training |  |  |
| Documented process of providing guidance to students on placements |  |  |
| Documented process on OJT/ Placement facilitation |  |  |
| SSC Specific |  |  |

38. Details on Student Admissions. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Printed brochure/ prospectus |  |  |
| Documented policy and procedures for admissions |  |  |
| Concessions policy |  |  |
| Process of keeping the safe custody of student documents |  |  |
| Student agreement with the institution at the time of admission |  |  |
| SSC Specific |  |  |

39. Provide the availability of aspects related to the Learning Environment:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Are the classroom illumination levels sufficient |  |  |
| Are the classroom ventilated enough |  |  |
| Do the classroom and rest of the centre maintain the required cleanliness |  |  |
| Do the classroom and rest of the centre weather protected |  |  |
| SSC specific |  |  |

40. Library details

a. Total number of Books related to the trade:

Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Number of Magazine: \_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Number of Dailies (newspapers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

41. Provide the availability of aspects related to the Infrastructure:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Building Own/Rented/ On Lease |  |  |
| Area of Institute Premises |  |  |
| Size of classrooms |  |  |
| Size of Labs |  |  |
| Size of workshops |  |  |
| Number of classrooms |  |  |
| Number of Labs |  |  |
| Number of workshops |  |  |
| Safe drinking water (Yes/No) |  |  |
| Power backup (Yes/No) |  |  |
| Separate toilet for Boys and Girls (Yes/No) |  |  |
| Provision of transport facility, if applicable (Yes/No) |  |  |
| SSC Specific |  |  |

41. Ages of Critical Equipment that are more extensively used for Trade Training in the Workshop

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Trade | Facilities | No. | Average age in No. of Years | Remarks |
|  |  |  |  |  |  |
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42. Details on Health and Safety of the learners. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of staff training on crisis handling |  |  |
| Availability of equipment required for covering indoor and outdoor emergencies |  |  |
| Documented process on providing training on the equipment on indoor and outdoor emergencies |  |  |
| Availability of equipment required for fire safety |  |  |
| Documented process on providing training on the fire safety equipment |  |  |
| Health policy including collection of required medical record of staff and students |  |  |
| Compliance to the regulatory norms related to health and sanitary conditions |  |  |
| Documentary proof of compliances certified by the competent authority |  |  |
| SSC Specific |  |  |

**Section 4: Performance Measurement and Improvement**

43. Documentary evidences of suitable indicators to monitor and measure the performance. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of trade learning progress |  |  |
| Documented processes of workshop upkeep and modernization |  |  |
| Documented process on tracking health and safety incidences |  |  |
| Documented process on gathering feedback of placed students with the employers |  |  |
| Documented process of tracking trends in employability and placement record |  |  |
| SSC specific |  |  |

44. Documentary evidences of practicing continual improvement. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of taking student feedback on curriculum |  |  |
| Documented processes of taking student attendance |  |  |
| Documented process on tracking student dropouts |  |  |
| Documented process on tracking student performance on tests |  |  |
| Documented process of tracking teacher attendance |  |  |
| Documented process of tracking placement patterns |  |  |
| SSC Specific |  |  |

45. Documentary evidences of Management Review. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of conduction of Management Review Meetings (MRM) |  |  |
| Documented processes of taking actions on the basis of MRM |  |  |
| Documented process on tracking Faculty Review |  |  |
| Documented process on tracking training needs of the faculty by the management |  |  |
| Documented process of tracking student complaints and redress of the same |  |  |
| Documented process of analysis of student feedback |  |  |
| Documented process of analysis of results in skills assessment |  |  |
| SSC Specific |  |  |

46. Documentary evidences of mechanism on Complaint Handling. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process on Information Sharing on complaints with all stakeholders |  |  |
| Documented processes of acknowledgement of receipt of complaint |  |  |
| Documented process on investigation of the complaint |  |  |
| Documented process on tracking training needs of the faculty by the management |  |  |
| Documented process of tracking student complaints and redress of the same |  |  |
| Documented process of investigating the student complaints |  |  |
| Documented process of closure of the student complaint |  |  |
| Documented process of keeping record of student complaint |  |  |
| SSC specific |  |  |

**Other Relevant Information**

47. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source?

**(Attach details of grants received in last 3 years as Enclosure 7)**

**Performance Review**

1. **Overall**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Performance Criteria** | **Unit of Measurement** | **2012-13** | **2011-12** | **2010-11** | **Remarks** |
| 1. | Utilization of Students seating capacity | % |  |  |  |  |
| 2. | Retention Rate (Of students admitted) | % |  |  |  |  |
| 3. | Students/Teaching Staff | Ratio |  |  |  |  |
| 4. | Pass out (Of students appeared) | % |  |  |  |  |
| 5. | Students on completion got jobs | % |  |  |  |  |
| 6. | Total yearly expenditure / Initial budget sanctioned | % |  |  |  |  |
| 7. | Students on completion expressing satisfaction on quality of training | % |  |  |  |  |
| 8. | Teachers expressing satisfaction on all round conditions of the VTP | % |  |  |  |  |
| 9. | SSC specific |  |  |  |  |  |

**B. Trade wise**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Course Name** | **Duration** | **No. of batch/ year** | **Students in each batch** | **No. of trainees appeared for Exam** | **No. of trainees certified** | **No. of trainees placed** | **Remarks** |
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**List of Enclosures**

**Enclosed**

1. List of Branches Yes / No

2. PAN and IT Return Yes / No

3. Audited Balance Sheet Yes / No

4. Registration Certificate of Trust/ Society Yes / No

6. Copy of Recognition Certificate Yes / No

7. Copy of Affiliation Certificate Yes / No

8. Building Approval Document Yes / No

9. Staff Particulars Yes / No

10. Training detail of Staff Yes / No

11. Drinking Water Yes / No

12. Health and Sanitary Conditions Yes / No

13. Fire Safety Yes / No

14. Bus Service details Yes / No

15. Details of Grants received in last 3 years Yes / No

16. Detail of Assessment procedure Yes / No

17. Infrastructure and Training Process details for each job role

applied for Yes / No

**Appendix – A**

**AFFILIATION CHARGES MATRIX FOR PMKVY SCHEME**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** |  | | **Charges** |  |  | **NSDC Funded Partners** |  | **Non-NSDC**  **Funded Partners** | |  | | | | |
|  |  | |  |  |  | **and Government** |  |  | | | | |
|  |  | |  |  |  | **Institutions** |  |  | | | | |
| 1. |  | | Application Fee (One Time) |  |  | *Waived off* | |  | *Waived off* | |  | |
|  |  | | **Compliance Checks at the VTP-HQ Level by MESC Due Diligence Partner** | | | | | | |  | | | | |
|  |  | | Management Credentials |  |  | *Waived off* | |  |  |  | | | | |
|  |  | |  | |  |  |  | |  | |
| 2. |  | | Adherence to Regulatory Requirements | |  |  | *Waived off* | |  | |
|  | |  |  |  |  |  |  | |
|  |  | | Documentation of Processes |  |  |  |  |  | |
|  | | | **Curriculum Validation based on QP** | | | | | | |  | |
| 3 | | | Curriculum Alignment Per QP along with Training Delivery Plan review | | *Waived off* | | | *Waived off* | |  | |
| Validation of Curriculum Per QP |  |  | *Waived off* | | *Waived off* | | | |
| *[Curriculum package would consist of* | |  |  | | | |
| *Syllabus, Student manual, Trainers* |  |  |  | | | |
|  |  |  | | | |
| *Guide, Training manual]* |  |  |  | | | |
|  |  | | **Centre Validation of Key Infrastructure and Equipment** | | | | | | | | |  | | | |
| 4 |  | | Charges for validating infrastructure and equipment per Centre per visit. | |  | *₹4,000/-* | | *₹4,000/-* | | | |  | | | |
|  | |  |
|  |  | |  |
| **TOTAL FEE at the time of Application** | | | | | **4,000/-** | | **4,000 /-** | | | | |
|  | |  | **TOT Charges Per QP (subject to a minimum no. of 2 nominations)** | | | | | | | | |
|  | |  | **(***Boarding/ Lodging and Travel of their own trainers to the training venue will be the* | | | | | | | | |
|  | |  | *responsibility of the VTP)* | | | | |  |  | | |
| 5 | |  | Per Trainer Training Charge including | |  | *₹10,000/-* | |  | *₹10,000/-* | | |
|  | |  | Assessment and Certification charges | |  |  |  |  |  | | |
|  | |  | Per Trainer Charge only for Assessment | |  | *₹ 800/-* | |  | *₹800/-* | | | |  |
|  | |  | and Certification |  |  |  |  |  |  | | |  | | | |

**AFFILIATION CHARGES MATRIX**

**Note:**

* All fees once paid will be non-refundable.
* Under PMKVY Scheme fees is exempted.
* The Affiliation is granted on yearly basis and any change in management, infrastructure, and any other item impacting the affiliation should be reported to MESC immediately.
* In case of any discrepancy detected with the VTP in regard to delivery of the training program related with affiliated QPs, MESC reserves the right to cancel the Affiliation.
* MESC reserves the right to alter the affiliation charges anytime.
* MESC reserves the right to waive off certain affiliation in certain circumstances and on certain conditions.

COMPLIANCE CHECKS REQUIREMENTS

**Information form**

|  |  |  |
| --- | --- | --- |
| **SECTION A : PARTNER INFORMATION** | | |
| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION (IN BLOCK LETTERS ONLY): | | |
| Firm name (legal name)\*:  Firm doing business as (dba names, trade names): | | |
| Physical business location (please list all known addresses and indicate which one is preferred for the site visit by KPMG):\*  Please provide the contact details of the person who will be present at the site | | |
| Telephone: \* | Fax: | |
| Name of partner’s key principal:\* | Title: | |
| E-mail of partner’s key principal:\* | Website : | |
| PAN No: | TAN No: | |
| Ownership/structure of business\*:  Private / Public Limited Company / Partnership / Proprietorship / Individual/ Others (please indicate): | | |
| Date of business inception or incorporation: (DD/MM/YY) | | Company registration no. (if applicable): |
| Nature of (proposed) relationship with MESC: | | |
| Partner’s principal business activity:\* | | |
| Please provide copies ofcompany brochures, principal’s bio, annual reports, and/or similar documentation. | | |
| Please use this space for any other information that you would like to add: | | |

**SECTION B : PERSONNEL**

**Key Personnel within the firm\***

|  |  |  |
| --- | --- | --- |
| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION (IN BLOCK LETTERS ONLY): | | |
| **Name** | **Position** | **Role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*mandatory fields

**SECTION C : REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trade References (to be provided by the partner)\*** | | | |
| Customer References (persons/firms to whom partner has provided similar services as proposed for MESC). List full company name and name of atleast two inviduals (with titles) | | | |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |
| Industry References (persons/firms familiar with the partner’s company such as business partners, trade associations etc.). List full company name and name of atleast two inviduals (with titles) | | | |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |
| Firm name: | Contact’s Name: | Address: | Tel#:  Email: |

\*mandatory fields

**Consent Form**

|  |
| --- |
|  |

**To Whom It May Concern:**

I hereby authorize KPMG or their representatives; to furnish background verification report to Media & Entertainment Skills Council (MESC); which may include verification of our bank statements and verification of our financial statements.

The verification process would warrant KPMG to conduct verification of educational qualification degrees of any three individuals from the training staff/ assessors of our institute/ company.

The process would also warrant KPMG to produce photographic evidences of our premises.

I hereby grant authority to KPMG or their representatives to access or be provided with full details of information in respect to character of our entity and a maximum of two stakeholders from the records maintained by local authorities such as a police verification, court record checks and online sources etc.

We hereby authorize KPMG and their representatives on behalf our organization/firm to go ahead with the screening process.

|  |  |
| --- | --- |
| **Signing Authority - On behalf of the organization**  Signature ……………………………. |  |
| Name…………..…………………… |  |
| Title ………………………………… |  |
| Date ………………………………… |  |

**Details of the Chartered Accountant / Auditorof the business associate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Chartered Accountants Details | | | |
| Complete Name of the Auditing Firm |  | | |
| Name of the Chartered Accountant |  | | |
| Membership Number |  | | |
| Mobile/Landline Number |  | OR |  |
| Email Address |  | | |
| Address |  | | |

**Bank Authorization letterof the business associate**

|  |
| --- |
|  |

Date:

From,

Name:

Contact Address/Number:

To,

Bank Manager

Bank Name:

Bank Address:

Dear Sir/Madam,

…………………………………………………….bearing account number……………………………………………………………(branch details)

Hereby authorize KPMG to conduct verification of current account’s bank statement.

Kindly do the needful.

Regards,

|  |
| --- |
| **Signing Authority - On behalf of the organization**  Signature ……………………………. |
| Name…………..…………………… |
| Title ………………………………… |
| Date ………………………………… |

**List of Enclosures for compliance checks**

1. Bank statement for the period ending 31st March for Last 2 (Two) year (e.g. we only need the statement to reflect closing balances as of 31st March) Bank Statement duly signed by and stamped by the concerned authority.
2. Last 2 (Two) years income tax returns, duly signed by and stamped by the Chartered Accountant.
3. Financial details such as Balance sheets and Profit and Loss statement for last 2 years duly signed and stamped by the Chartered Accountant
4. Copy of Incorporation / Establishment document of the business associate
5. Copy of PAN, TAN or PF registration document of the business associate
6. Proof of address and proof of identity (preferably, copy of a passport and PAN) for the two stakeholders on whom court records check will be conducted (typically the key principals of your organization)
7. Please provide details of teaching staff or assessors available for each of the job roles you have applied. (Also, please share a copy of resume of each)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No | Name | Designation | Degree/  Diploma | Industry  Experience | Instruction  Experience | Regular/Visiting |
|  |  |  |  |  |  |  |
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