



Skill India
कौशिल मार्ग - कृषिकल मार्ग



MESC
MEDIA & ENTERTAINMENT
SKILLS COUNCIL



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Expression of Interest (EOI)

For Conducting Skill Development Training for Transgender Individuals

Under SMILE Scheme – Ministry of Social Justice & Empowerment, Government of India

About Media & Entertainment Skills Council (MESC)

MESC is an Industry-led body promoted by the Federation of Indian Chambers of Commerce and Industry (FICCI) and working under the aegis of the Ministry of Skill Development & Entrepreneurship (MSDE). MESC is also an awarding body under National Council for Vocational Education & Training (NCVET).

MESC is Chaired by the **Padma Shree Dr. Shankar Mahadevan** and governed by eminent industry leaders and professionals, responsible for driving forward the strategic direction of the organization as a whole and ensuring the most ethical and wise practices for the betterment of the entire Media & Entertainment (M&E) Ecosystem. The major objective of the MESC is to generate industry-ready skilled manpower, vocalization of secondary and higher secondary education levels, and enhance employability options for the youth through demand-driven competency-based modular courses. It creates Industry aligned Occupational Standards on which Skills training and Skill mapping are being done across the industry. It serves the mandate of skilling, re-skilling, up-skilling, and certification of skills of manpower in the following sub-sectors of the Media & Entertainment (M&E) industry:

MESC has conducted more than 600,000+ training and certifications, 108 National Skills Qualification Framework (NSQF) Aligned Qualification Packs, 760 Partner Training Institutions, and 933 Assessed & Certified Trainers.

Purpose of the EOI

MESC invites **Expression of Interest (EOI)** from **eligible and experienced Training Partners (TPs)** for conducting **Skill Development Training for Transgender Individuals** under the **SMILE Scheme**, Ministry of Social Justice & Empowerment, Government of India.

The program shall be implemented in accordance with applicable guidelines of **SMILE Scheme** and **PM-DAKSH payment norms**, NSQF standards, and NCVET requirements.



Target Location & Job Roles

State	District	Target	Job Role	QP Code	National Hours
Tamil Nadu	Dharmapuri	60	Makeup Artist	MES/Q1801	390
Uttar Pradesh	Mathura	60	Hairdresser	MES/Q1802	390
Maharashtra	Mumbai	30	Makeup Artist	MES/Q1801	390
West Bengal	Kolkata	60	Hairdresser	MES/Q1802	390
Karnatak	Bangalore	60	Still Photographer	MES/Q0904	450
J&K	Srinagar	30	Makeup Artist	MES/Q1801	390
Uttarakhand	Dehradun	55	Storyboard Artist	MES/Q0507	300
Total Target		355			

Total Target: 355 Candidates

Payment Terms (As per PM-DAKSH Guidelines)

Payments to Training Partners shall be released in the following manner:

- **30%** – On commencement of training and batch creation on SIDH portal
- **40%** – After successful assessment and certification
- **30%** – After achieving minimum placement outcomes

Mandatory Eligibility Conditions for Training Partners

Training Partners must ensure the following:

1. **Fully Accredited Training Center**
 - TP must have a **fully accredited and active training center** in the **same State & District** where the target is allocated.
 - Subletting or temporary centers shall **not be permitted**.
2. **NSQF Compliance**
 - All training must be conducted strictly as per **NSQF-aligned Qualification Packs** approved by MESC.



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- Trainers must be **ToT certified** wherever applicable.

3. Placement Requirement

- Minimum **80% placement** of certified candidates is mandatory.
- Placement must be in **relevant job role/domain only**.
- Wage/self-employment proof must be submitted.

4. Attendance & Monitoring

- Attendance shall be marked **daily on AEBAS**.
- Minimum **80% attendance** is mandatory for candidates to appear in assessment.

5. Infrastructure Requirements

- Training center must have **CCTV cameras** installed in:
 - Classrooms
 - Common areas
 - Entry/exit points
 - Entire premises
- CCTV footage must be accessible to MESC on demand.

6. Non-Blacklisting Condition

- TP/TC must **not be blacklisted** by any:
 - Central/State Government Department
 - PSU
 - NSDC
 - Sector Skill Council
 - Any statutory authority

7. Right of Cancellation

- MESC reserves the **absolute right to cancel/revoke targets** at any stage:
 - If false/misleading information is provided
 - If performance is unsatisfactory



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- If guidelines are violated

8. Information Sharing & Audit

- TP/TC must submit **any information, data, or documents** as and when required by MESC, Ministry, or funding authority.
- TP must cooperate in inspections, audits, and third-party evaluations.

Important Dates

- **Last Date for EOI Submission:**
30th January 2026 (by 11:59 PM)
- **Last Date for Batch Creation on SIDH Portal:**
15th March 2026

Submission Details

- **EOI Proposal to be submitted via email only**
- **Email ID:** partner@mescindia.org
- **Subject Line:**
EOI – SMILE Scheme – Transgender Skill Development – [State/District Name]

Contact Person

Ankur Kumar

Mobile: +91 84479 98184

Email: partner@mescindia.org

Website: www.mescindia.org

Proposal with Annexures

Checklist & Documents Required from Training Partner (TP/TC)

A. Organizational Documents

- Certificate of Incorporation / Registration



- PAN Card of Organization
- GST Registration Certificate
- Latest GST Return of last 3 Financial Years
- Income Tax Returns – **Last 3 Financial Years**
- Audited Financial Statements – **FY 2022–23, 2023–24, 2024–25**

B. Declarations

- Non-Blacklisting Declaration (on letterhead, duly signed & Stamped by Authorised person only)
- Declaration of office presence in **respective State & District**
- Undertaking for compliance with SMILE, PM-DAKSH, NSQF & MESC guidelines

C. Training Center Details

- Training Center Name
- Complete Address
- Geo-tagged photographs of:
 - Classrooms
 - Practical labs
 - Building exterior
 - CCTV installation
- Proof of ownership/lease agreement

D. Human Resource Details

- Trainer Names
- Trainer Qualification & Experience
- Trainer PAN



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- Trainer Organization Association
- ToT certificates (if applicable)

E. Experience & Capability

- Prior experience in **Government Skill Development Projects**
- Details of similar projects executed
- Placement proof samples (appointment letters, wage slips, etc.)
- Mobilization experience with marginalized communities

F. Proposal & Strategy Documents

- **Proposal Implementation Plan**
- **Mobilization Strategy for Transgender Candidates**
- Placement Strategy & Employer Tie-ups
- TP Website Link & Office Address

Disclaimer

Submission of EOI does **not guarantee allocation of targets**.

MESC reserves the right to:

- Accept or reject any EOI
- Modify targets, timelines, or guidelines
- Cancel the process without assigning any reason



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Annexure – A

APPLICATION (EOI) FOR EMPANELMENT AS TRAINING PARTNERFOR SKILL TRAINING OF TRANSGENDER INDIVIDUAL

I. Details of the Organization:

A. Details of Organization/Institution	
Name of Organization/Institution:	
Address of Registered Office/Head Office:	
Phone/Mobile No.:	
Website:	
Email:	
B. Details of Authorized Representative /Project Coordinator	
Name:	
Designation:	
Phone/Mobile No.:	
Email:	

II. Details of legal constitution (nature/type) of the Organization:

Nature / Type of the Organization:	
Registration Number:	
Date & Place of Registration:	
Act under which registered (Specify name of Act):	
PAN No.:	
TAN No.:	
Unique Id of NITI Aayog:	



III. Brief History of the Organization, nature of its current Business or activities and affiliations with Govt.:

TABLE-I: Brief history and activities

Number of nodes	Number of edges (Green Line)	Number of edges (Red Line)
1	1	1
2	2	4
3	3	9
4	4	16
5	5	25
6	6	36
7	7	49
8	8	64
9	9	81
10	10	100

TABLE- II: Affiliations

Affiliations with Central Govt	Affiliations with State Govt	Affiliation with NSDC/ SSCs

(Please attach supporting documents for Affiliations)

IV. Prior Experience of the Organization in skill training during last 3 years or more:

A. Overall Experience of skill training (including special community)

Financial year	Number of trainees (including PwDs)	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Whether enclosed copy of work order (Y/N)	Whether enclosed copy of receipts (Y/N)



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(Please attach supporting documents such as Work Order/ Target Allocation/ Corresponding receipt in Balance Sheet in case of fee-based training)

B. Experience in skill training of Transgender Individual

Financial year	Number of PwDtrainees	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Enclosed copy of work order (Y/N)	Enclosed copy of receipts (Y/N)

(Please attach List of Transgender Individual trainees with their Aadhar and Contact numbers)

V. Annual Turnover of the organization for the last three years:

Financial Year	Turnover (in Lakhs)	Net Worth

(Please attach audited report of last three years)

VI. Intake Capacity of proposed Training Centre: (keeping in view the specific needs of such as Transgender Individual accessibility/ wheelchairs/disable friendly furniture etc.)

TABLE- I: Infrastructure

Address of training centres	No. of Classroom & Seating capacity	No. of Lab & Capacity	Intake Capacity per batch



(Please attach supporting documents and photographs)

TABLE-II: Human Resource:

S.No.	Name of Trainers	Qualification	Experience(year)	Resume enclosed (Y/N)	Salary Slip for last 3 months enclosed (Y/N)

(Please attach resume of Trainers and last 3 months Salary Slips /Bank Statement)

VII. Experience of the organization in placement during last 03 financial years:

A. Overall Placement Details

Table I: Year wise placement details: (Including Transgender Individual)

Financial Year	No. of persons trained	No. of persons passed/successfully completed training	Number of successful trainees employed in		% of persons Placed for more than 3 months
			wage/salary	Self employed	
1.					
2.					
3.					
Total					

Table II: Details of successful trainees (Excluding Transgender Individual) placed under Wage Employment:

S.No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact details of employer of	
						Contact no.	Email id

(Please attach List of trained beneficiaries placed in last 3 years, their contact number and employers' details)



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I hereby declare that the information provided in this proposal is true to the best of my knowledge. If any information provided above is found to be false, the Media & Entertainment Skills Council reserves the right to reject the proposal.

Signature & Stamp

Name of Signatory:

Designation:

Date:

