

**Government of Tripura
Directorate of Skill Department
Department of Industries and Commerce
Indranagar, Agartala-799006**

Phone: (0381) 2353166, Fax- (0381) 2353167, email: skilltripura@gmail.com

NO. F.6 (11)/TSDM/2016/209

Dated 22/04/2017

Directorate of Skill Development, Government of Tripura invites 'Request for Proposal (RFP)' from the Training Providers for submission of Proposal for conducting Short Term Training under Centrally Sponsored State Managed Component of PMKVY-2.0

The Tripura Skill Development Mission is an initiative of the Government of Tripura to enable youths to get employment opportunities in a holistic manner. The mission aims the youth would be trained for skills as per their capabilities and aptitude and thereby makes them employable.

Directorate of Skill Development was set up under the Department of Industries and Commerce, Government of Tripura, to bring more focus and coordination to the skill development initiatives under Tripura Skill development Mission.

Ministry of Skill Development and Entrepreneurship (MSME), Government of India has approved to train 11,425 candidates under Short Term Training component of State Engagement guideline of PMKVY-2.0 scheme for the state of Tripura for FY 2017-18.

The Short Term Training imparted at PMKVY Training Centres (TCs) under Centrally Sponsored State Managed (CSSM) Component of PMKVY-2.0 is expected to benefit candidates who are either school/college dropouts or unemployed.

Interested Training Providers may submit their proposal one (1) hard copy along with its soft copy (editable versions in Word and Excel, wherever required) to the office of the undersigned, super scribed with 'Project Application Form for Short Term Training under CSSM component of PMKVY-2.0 - FY 2017-18'. The soft copy of the same document shall be sent to skilltripura@gmail.com. The Training providers shall be expected to submit the project proposal in the prescribed Project Application Form (PAF) enclosed in Annexure-I.

The RFP is open to all entities whose training centers are accredited and affiliated for the job roles as prescribed in Annexure-II and who fulfil eligibility criteria. The proposal will be evaluated based on the shortlisting criteria and preferences as mentioned in Annexure-III.

The evaluated proposals will be presented to State Project Approval Committee (SPAC). The SPAC will review all the received proposals on the 25th of every month. All applications from the Training Providers (TPs) received till 15th of every month shall be placed to SPAC on the 25th of every month.

Please be informed that submission of this application does not mean or indicate any commitment of approval/allocation of targets for the project under CSSM component of PMKVY-2.0

Directorate of Skill Development reserves all the rights to cancel the application/ penalize the Project Implementing Agency (PIA), if any information is found to be incorrect/ false during and after project execution, at its sole discretion and without assigning any reason.

Sd/-

**The Director,
Skill Development**

ITI Road, Indranagar, Agartala, 799006, Tripura (West Tripura)

Tel: (+91) 381-235-166; Fax: (+91) 381-235-167, E-mail: skilltripura@gmail.com

Project Application Form (PAF)

| | | | | | | | | | | |
|-----------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. | Part-I | | | | | | | | | |
| 1. | Organization Details | | | | | | | | | |
| 1.1 | Name of the Training Provider (TP): | | | | | | | | | |
| 1.2 | Registered office address of Training Provider (Complete postal address with PIN, Mobile /telephone no., e-mail. I.D, Fax No): | | | | | | | | | |
| 1.3 | Year of Incorporation | | | | | | | | | |
| 1.4 | Type of Training Provider (please tick (√) whichever is suitable) | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.5 | TP Registration Number in SMART NSDC | | | | | | | | | |
| 2. | Contact Details | | | | | | | | | |
| 2.1 | Contact Address of CEO/ MD / Head (Complete postal address with PIN, Mobile /telephone no., e-mail. I.D, Fax No): | | | | | | | | | |
| 2.2 | Contact Address of Single Point of Contact (SPOC) (Complete postal address with PIN, Mobile /telephone no., e-mail. I.D, Fax No) | | | | | | | | | |
| 3. | Experience in Skilling | | | | | | | | | |
| 3.1 | Number of Years of Experience in Skill Development | | | | | | | | | |
| 3.2 | Total Number of Trainees Trained in last 3 years | | | | | | | | | |
| | Financial Year | Govt. Funded Count | | | Corporate Social Responsibility(CSR) Count | | | Self-Paid Count | | |
| | | Trained | Certified | Placed | Trained | Certified | Placed | Trained | Certified | Placed |
| | 2014-15 | | | | | | | | | |
| | 2015-16 | | | | | | | | | |
| | 2016-17 | | | | | | | | | |

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| B. | Part II | | | | | | | | | |
| 4. | Training Centre Accreditation Details (Please use separate information sheet for each Training Centre) | | | | | | | | | |
| 4.1 | Name of the Training Centre | | | | | | | | | |
| 4.2 | Address of Training Centre (Complete postal address with PIN, Mobile /telephone no., e-mail. I.D, Fax No) | | | | | | | | | |
| 4.3 | Contact Address of Centre In-charge (Complete postal address with PIN, Mobile /telephone no., e-mail. I.D, Fax No) | | | | | | | | | |
| 4.5 | Accreditation Standards Grading received from SMART NSDC | | | | | | | | | |
| 4.6 | Area Classification of Centre (please tick (√) whichever is suitable) | | | | | | | | | |

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| 5. | Jobrole details (Please give separate information for each jobroles for each centre) | | | |
| 5.1 | Skill Sector | | | |
| 5.2 | Jobrole applied for (Please choose any job role from Annexure-II) (Please mention the QP Code of the applied jobrole) | | | |
| 5.3 | Training Capacity Details | | | |
| 5.3.1 | Batch Size (Please specify based on the available infrastructure capacity) | | | |
| 5.3.2 | Total Number of Batches you plan to run for this Job Role at a given point of time. | | | |
| 5.3.3 | Effective available annual training capacity (no.s) in the Training Centre | | | |
| | Annual Capacity (Job role) in the Centre | Allocated target (from any other scheme) | Is the centre currently available to conduct proposed targets (Y/N) | Available Capacity (if col. 3 is applicable) |
| | 1 | 2 | 3 | 4 |
| | | | | |
| 6. | Trainers Details (Please give separate information for each jobroles for each centre) | | | |
| | S. No. | Trainer Name | Highest Qualification | Whether Certified by SSC (Y/N) |
| | | | | |
| 7. | Whether residential Facility is available in the Training Centre (please tick (√) whichever is suitable) | | | |
| 7.1 | If residential facility available, please specify the capacity (in No.) | | | |

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| C. | Part III |
| 7. | Certificates to be submitted: |
| 7.1 | Certified that provisions of the RFP have been fully understood and we will take the responsibility for successful completion of the project in a time bound manner, if targets are allocated by Directorate of Skill Development under CSSM component. |
| 7.2 | Certified that there is no duplication of efforts with existing schemes of other Ministries/ Departments if any project is sanctioned under Directorate of Skill Development |

Enclose:- Self attested photocopies of the documents in respect to Sl. Nos. (1.3),(1.5), (3.2), (4.5), (7.1)&(7.2)

Note: All the pages should be numbered and properly indexed. If any of the RFP proposals is found to be without proper signature, page, numbers and index, it will be liable for rejection.

Authorized signatory of the Organization
With seal Name/Designation/Address

Date:

Place:

