*Pradhan Mantri Kaushal Vikas Yojana*

 **Application Form: Affiliation to Training Provider by LSSC**

**GENERAL INSTRUCTIONS**

1. TPs to follow LSSC’s affiliation process
2. The application has to be applied offline by the training providers interested for affiliation to LSSC
3. The link to the process of application will be available via LSSC and NSDC website
4. Please sign and stamp every page of the document

Application for Affiliations for the Following Job Role(s)

(As Per Qualification Packs Valid For The Scheme):

|  |  |  |
| --- | --- | --- |
| S. No. | Job Roles | Qualification Pack Reference Number |
|  |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

(More columns may be added, as required)

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**Section 1: Institution and Management Profile**

1. Name of the Training Provider:

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

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

1. Whether NSDC or others
	* NSDC
	* Others
2. Name(s) of all Director(s) / Owner(s) as on date:

|  |  |
| --- | --- |
| S. No. | Names |

1.

2.

3.

4.

4. Contact Details of the Institution:

Postal Address

Pin Code

Phone Number with STD Code

Fax No

5. Year of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Prior Exposure of the TP in Skill Development Space – (Provide details of affiliation with NSDC. Please attach relevant proof)
2. Institute’s Medium of Instruction:

☐ English ☐ Hindi ☐ Any Other

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

8. Does the Institute have branches? ☐ Yes ☐ No

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

1. PAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach photocopy of the PAN and TAN card as Enclosure 2)**

1. Turnover of the TP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last Financial Year)

14. Is the Institute recognized with any bodies or affiliated with any Regulatory body?

☐ Yes ☐ No

15. If yes, please mention the following:

Name of the body with which recognized or affiliated regulatory body

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Email-ids

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Recognition no./ affiliation number

Year of recognition/ affiliation

Validity of recognition/ affiliation

**(Attach recognition and/or affiliation certificate as Enclosure 3)**

1. Educational Qualifications and Experience of the Director(s), Management Team members, Operational Head(s) and Affiliation Coordinator(s) for VTP/Institution:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Director(s), |  |  |  |  |  |
| Management Team |  | Overall Work | Prior Experience |  |  |
| members, | Educational | Key Achievements in |  |
| Experience | in the Skills |  |
| the Skills Development |  |
| Operational Head(s) | Qualifications |  |
| (in years) | Training Space |  |
|  |  |
|  |  |  |  |
| and Affiliation |  |  |  |  |  |
| Coordinator(s) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

22. Provide the Contact Details of the Director(s), Management Team members, Operational Head(s) and Affiliation Coordinator(s) for VTP/Institution:

Contact Numbers –

Name Contact Address Both Land Line and

Mobile

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23. Provide your bank details:

A/C Number

Bank Name

IFSC Code

**Section 2: Training Operations - Processes**

24. Details of documented process for management of Human Resources.

|  |  |
| --- | --- |
| **Aspect** | **Yes/No** |

Recruitment guidelines and criteria based on required competencies

Training and professional development plan and processes

Maintaining records of qualifications and experience

LSSC Specific add-ons

1. Details of the Teaching Staff/ Trainers

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. |  |  | Degree/ | Training | Sector | Instruction | Regular | LSSC |  |
|  |  |  |  | Trained |  |
| Name | Designation |  |  |  |  | / |  |
| No |  |  | Experience | Experience |  |
| Diploma | Certificate | ? |  |
|  |  | Visiting |  |
|  |  |  | (Years) | (Years) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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1.

2.

9.

|  |  |  |  |
| --- | --- | --- | --- |
| 26. | 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 |  |  |  |
|  |  |  |  |  |
| 7. | Total |  |  |  |
|  |  |  |  |  |

27. Details of the curriculum of the all the courses offered

|  |  |  |  |
| --- | --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |  |
|  |  |  |  |
| Process of adoption and/or development of |  |  |  |
| curriculum on the basis of QP and NOS |  |  |  |
| developed by the LSSC |  |  |  |
|  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |
| Activity based 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 LSSC |  |  |  |
|  |  |  |  |
| LSSC specific inputs (if any) |  |  |  |
|  |  |  |  |
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28. Details of the courseware of all the courses offered.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/ No** | **Remarks** |
|  |  |  |
| Process of adoption and/or development of |  |  |
| courseware on the basis of QP and NOS based |  |  |
| curriculum approved by LSSC |  |  |
|  |  |  |
| 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 |  |  |
|  |  |  |
| LSSC specific inputs (if any) |  |  |
|  |  |  |

29. Details of the Training Process for the courses offered.

|  |  |  |
| --- | --- | --- |
| **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

LSSC specific inputs (if any)

30. Details of Methodology adopted for Continuous Evaluation.

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|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/ No** | **Remarks** |

Documentation process of Continuous Evaluation

Documented process on student monitoring on learning

LSSC specific

31. Details of Methodology adopted for Industrial Interface.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of engagement of experts from the industry

LSSC Specific

32. Details of Methodology adopted for Student Development.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |
|  |  |  |  |
| LSSC Specific |  |  |  |
|  |  |  |  |
| 33. Details on Student Admissions. |  |  |  |
|  |  |  |
| **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 |  |  |  |
|  |  |  |  |
|  |  |  Page **8**  |

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of admission

LSSC Specific

34. Details on Health and Safety of the learners.

|  |  |  |
| --- | --- | --- |
| **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 |  |  |
|  |  |  |
| LSSC Specific |  |  |
|  |  |  |

**Section 3: Performance Measurement and Improvement**

35. 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

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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

LSSC specific

36. 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 |  |  |
|  |  |  |
| LSSC Specific |  |  |
|  |  |  |

37. 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

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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

LSSC specific

**Other Relevant Information**

48. 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 4)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Review** |  |  |  |  |  |
| **a. Overall** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **S. No.** | **Performance Criteria** | **Unit of** | **2012-13** | **2011-12** | **2010-11** | **Remarks** |
|  |  | **Measurement** |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. | Utilization of Students | % |  |  |  |  |
|  | seating capacity |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. | Retention Rate (Of | % |  |  |  |  |
|  | students admitted) |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. | Students/Teaching | Ratio |  |  |  |  |
|  | Staff |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. | Pass out (Of students | % |  |  |  |  |
|  |  |  |  |  |  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
|  | appeared) |  |  |
|  |  |  |  |
| 5. | Students | on | % |
|  | completion got jobs |  |
|  |  |  |  |
| 6. | Total | yearly | % |
|  | expenditure | / Initial |  |
|  | budget sanctioned |  |

1. LSSC specific

I declare that I agree to the tenets laid down in the Process Manual.

I hereby confirm that my training center, used in the training of trainee under the above mentioned Scheme meets the specifications for becoming an Affiliated Training Partner as per the standards defined by LSSC and NSDC. The criteria are mentioned on the NSDC and respective LSSC website. I also declare that the above mentioned information is true.

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