# Document Formats – Annexures

**Annexure -1 Board Resolution Format**

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS/MEMBERS/TRUSTEES AT ITS MEETING HELD ON THE [●] DAY OF [●], 2023 AT (Address)

“RESOLVED:

THAT the Company/Society/Trust does approach National Skill Development Corporation (hereinafter referred to as the “NSDC”) for PMKVY 4.0 (2023-24) Special Projects Target Allocation in response to the Request for Proposal dated (hereinafter referred to as the “RFP”) issued by NSDC.

THAT the detailed Proposal in the prescribed format be duly filled and submitted to NSDC along with all necessary documents.

THAT the following directors/trustees/members/authorized signatories be and are hereby severally authorized to execute the documents, papers, guarantee, declaration, confirmation, affidavit, undertaking, indemnity, contracts and such other instruments/documents as security or otherwise, as may be required by NSDC.

|  |  |  |
| --- | --- | --- |
| S. No | Name | Designation |
|   |   |   |
|   |   |   |

THAT copies of the aforesaid resolutions certified to be true be furnished to NSDC”

CERTIFIED TO BE TRUE

For,

(Signature) (Signature)

 Name: Name:

 Designation: Designation:

Date: Date:

Place: Place:

 DIN/PAN: DIN/ PAN:

**Annexure 2- Waiver/Flexibility Required for Project Execution**

Details of Waiver/ Flexibility:

a)…………………………………………………………………………………..............................

b)……….……………………………………………………………………………………………c)……………………………………………………………………………………………………..

|  |
| --- |
| a)b)c) |

Explanation for seeking waivers/flexibilities:

**Annexure 3- Self-Declaration by Community Based Organization (CBO) pertaining to Vulnerable candidates’ proposed for skilling of the organization.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Community Based Organization (CBO)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be providing training to the Vulnerable candidates’ (Women/ PwD/ Transgender/ SC/ ST/ Others).

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure-4 Details of Special geographies proposed for skilling of the organization.**

**Link for the list of Special geographies is given below:**

[**https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP\_Industrial\_Clusters\_and\_Special\_Geographies\_RFP.xlsx**](https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP_Industrial_Clusters_and_Special_Geographies_RFP.xlsx)

**Annexure-5 List of ODOP**

**Link for the list of ODOP is given below:**

<https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP_Industrial_Clusters_and_Special_Geographies_RFP.xlsx>

**Annexure-6 List of Industry Clusters**

**Link for the list of Industry Clusters is given below:**

[**https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP\_Industrial\_Clusters\_and\_Special\_Geographies\_RFP.xlsx**](https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP_Industrial_Clusters_and_Special_Geographies_RFP.xlsx)

**Annexure 7- Self-Declaration by Project Implementing Agency (PIA)**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Company/ firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be the Project Implementing Agency (PIA).

We further declare that the trainees of the proposed project will not be the current employees of our company/ firm .

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 8- Self-Declaration by Industry/MSME/Start-Up/Association pertaining to placement to be provided to certified candidates.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Company/ firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be providing captive placement/placement to greater than or equal to 75% certified candidates. And the details are given below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **State** | **District** | **Sector** | **Job Role** | **Job Role Type (Preferred Future/Other Future/Regular)** | **Number of candidates to be provided captive placement/placement** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 9- Self-Declaration by Industry/MSME/Start-up/Association pertaining to expected salary offered to certified candidates.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Company/firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be offering expected salary of Rs. 20,000 & above to greater than or equal to 70% certified candidates.

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 10- Self-Declaration by Industry Association pertaining to associated member organizations.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have\_\_\_\_\_\_\_\_\_ number of member organizations associated with us. And the details of the member organizations are given below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name of Organization** | **Website Link of the organization** | **Name of the Head of organization** | **Contact Number of the Head of Organization** | **Email Address of the Head of Organization** | **About the organization/Area of Operation (in 100 words)** | **Revenue of last three years** |
| **2020-21** | **2021-22** | **2022-23** |
|  |  |  |  |  |  |  |  |  |  |

***\*The above table should be uploaded separately in excel file***

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 11- Self-Declaration for Financial Details of PIA.**

(On the letterhead of the CA)

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), Financial Details are given below:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Year-wise | Revenue (Annual Turnover) (Rs.) | Total Assets (TA) (Rs.) | Total Liabilities (TL) (Rs.) | Net Worth (TA – TL) (Rs.) | Grant/ Funding (Rs.) | Current Assets (CA) (Rs.) | Current Liabilities (CL) (Rs.) | Working Capital (CA – CL) (Rs.) | Remarks (in 100 words) |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

The Contents of this Form should be certified by a Chartered Accountant / Auditor (In case bidder is Indian, the Form should be certified by generating Unique Document Identification Number (UDIN) as per Gazette Notification No. 1 – CA(7)/192/2019 dated 02.08.2019), failing which Employer has right to reject the Bid.

In case of Financial Statements are in currency(s) other than INR, in addition to above, Bidder shall also provide above information in separate sheet duly certified by Chartered Accountant / Auditor (In case bidder is Indian, the Form should be certified by generating Unique Document Identification Number (UDIN) as per Gazette Notification No. 1 – CA(7)/192/2019 dated 02.08.2019) in INR equivalent by using methodology for adopting exchange rate as specified in Note 7 of EQC and ITB 15.4.

*If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.*

**Name of the Authorized Signatory:**

**Signature and Stamp of the Authorized Signatory:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Name & Sign of CA/Auditor:**

**Registration No.:**

**Seal:**

**UDIN No:**

**Phone No.:**

**Email ID:**

***Note: The details (Registration No, UDIN No, Phone no. & Email ID) should be correct & mandatory to be given.***

**Annexure 12- Self-Declaration by Community Based Organization (CBO) pertaining to placement offered to certified candidates.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Community Based Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be offering captive placement/placement to greater than or equal to 75% certified candidates with the help of other organizations. And the details for the same are given below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name of the Organization** | **State** | **District** | **Sector** | **Job Role** | **Job Role Type (Preferred Future/Other Future/Regular)** | **Number of candidates to be provided captive placement/placement** | **Salary to be Offered** |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 12.1- Format for LOI to be given by the employer.**

(On the letterhead of the employer)

To

Name and Address details of the CBO,

We\_\_\_\_\_\_\_\_ will be providing placement to the candidates trained by Training Provider \_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **State** | **District** | **Sector** | **Job Role** | **Job Role Type (Preferred Future/Other Future/Regular)** | **Number of candidates to be provided captive placement/placement** | **Salary to be Offered** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory:**

**Signature and Stamp of the Authorized Signatory:**

**Phone Number of the Authorized Signatory:**

**Email Address of the Authorized Signatory:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note: The details (Phone no. & Email ID) should be correct & mandatory to be given.***

**Annexure 13- Self-Declaration by Community based Organization (CBO) pertaining to self-employment offered to certified candidates.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Community Based Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be offering micro entrepreneurship/self-employment to greater than or equal to 75% certified candidates with the help of other organizations. And the details for the same are given below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **State** | **District** | **Sector** | **Job Role** | **Job Role Type (Preferred Future/Other Future/Regular)** | **Number of candidates to be provided micro entrepreneurship/self-employment** | **Brief about self-employment to be provided (in 100 words)** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 14- Self-Declaration by Educational Institutes/Center of Excellence (CoE) pertaining to number of PhD faculty in the institute.**

(On the letterhead of the Applicant Entity)

To

National Skill Development Corporation, 5th Floor, Kaushal Bhawan,

New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Institute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have greater than 10 numbers of PhD faculty with us. And the details for the same are given below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of** **PhD faculty** | **Designation/****Title** | **Contact Number** | **Official** **Email ID** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

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

**Name of the Authorized Signatory of the Applicant**

**Signature and Stamp of the Authorized Signatory of the Applicant**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.*

**Annexure 15 - List of Job roles which includes Regular, Preferred Future, Other Future, Food Tech and Agri Tech.**

**Link for the list of Job roles which includes Regular, Preferred Future, Other Future, Food Tech and Agri Tech is given below:**

<https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/Job_Role_List.xlsx>