**Rajasthan Skill & livelihoods Development Corporation** **Dated– 27.12.2017**

**Kausal Bhawan, EMI Campus, J-8-A, Jhalana Institutional Area, Jaipur - 302 004**

**Telephone No. : 0141-5103246,47**

**Website:- www.livelihoods.rajasthan.gov.in**

**EXPRESSION OF INTEREST (EOI) FOR SUBMISSION OF PROPOSALS TO UNDERTAKE THE PROJECT OF LIVELIHOOD ENHANCEMENT (SELF OR WAGE EMPLOYMENT OR ENTREPRENEURSHIP) FOR U NE M PL O Y E D WOMEN, YOUTH, EUNUCHS (MTH), PERSONS WITH SPECIAL ABILITY (PSAs), JAIL INMATES, JUVENILE HOME INMATES, NARI-NIKETAN INMATES THROUGH REGULAR SKILL TRAINING PROGRAMME (RSTP).**

Regular Skill Training Programme (RSTP) is a short term livelihoods based programme and has been the foundation of skill development initiatives in the State since 2005-06. The scheme has been revised for imparting skill trainings to unemployed women, youth, eunuch (MTH), persons with special ability (PSA), inmates of jails, juvenile homes, nari niketans leading to their self – employment or establishment of entrepreneurial enterprise or wage employment for livelihoods generation. The revised guidelines shall come into effect from 01.01.2018 with new cost norms . Proposals are invited from interested training institutions/ organizations for setting up Skill Development Centers (SDC) for conducting skill training programs for women, youth, eunuch (MTH), persons with special ability (PSA), inmates of jails, juvenile homes, nari niketans of Rajasthan.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Parameters** |  | **Conditions/Provisions** |
| 1 | Eligibility | (1.1) The Training Provider should | be a Registered Society/Trust/Association or Government |
|  | Criteria | Institutions/ Universities/ Bank run | Institute/ Section 25 company/ Registered Proprietorship/ |
|  |  | Partnership Firm / Private Limited Company/ Public Limited Company and should have been active |
|  |  | and operational continuously anywhere in the country for the last three years on the date of |
|  |  | application. A certificate must be submitted as per Annexure 2. |
|  |  | (1.2.1) The average annual turnover of training provider from skill development & placement linked |
|  |  | program in the past three consecutive years shall not be less than Rs 2.5 lakh. The Training |
|  |  | Provider should have at least o n e | training center located anywhere in India and should be |
|  |  | functional/ operational for more than three years on the date of application. One-time capacity of |
|  |  | the training center should not be less than 25 candidates. The Training Provider should have trained |
|  |  | not less than 100 numbers of candidates during each of last three years in any one or more skill |
|  |  | training programmes. The duration of training organized should not be less than 30 days and 180 |
|  |  | hours. In addition to this, the training providers must have provided placement to not less than 50 |
|  |  | numbers of candidates during each of last three years. Year-wise audited financial statements |
|  |  | mentioning net-worth for the last three consecutive years should be submitted by the applicant. A |
|  |  | CA certificate must be submitted as per Annexure 3.1. |
|  |  | (1.2.2) For Training Providers applying only for PSA skill training should have an average annual |
|  |  | turnover of Rs 2.5 lakh from skill development & placement linked program in the past three |
|  |  | consecutive years. The Training Providers should have at least one training center located |
|  |  | anywhere in India and is functional/operational for more than three years on the date of |
|  |  | application. One-time capacity of training center shall not be less than 10 PSA. Training Provider |
|  |  | should have trained not less than 10 PSA youth during each of last three years in any one or more |
|  |  | skill training programs for PSA. In addition to this, the training Provider should have provided |
|  |  | placement to not less than 10 PSA during the last three years. Year-wise audited financial |
|  |  | statements mentioning net-worth for the last three consecutive years should be submitted by the |
|  |  | applicant. A CA certificate must be submitted as per Annexure 3.2. |
|  |  | (1.2.3) For Training Providers applying only for Eunuch (MTH) skill training should have an average |
|  |  | annual turnover of Rs 2.5 lakh from skill development & placement linked program in the past |
|  |  | three consecutive years. The Training Providers should have at least one training center |
|  |  | located anywhere in India and is functional/operational for more than three years on the date |
|  |  | of application. One-time capacity of training center shall not be less than 10 Eunuch (MTH). |
|  |  | Training Provider should have trained not less than 10 Eunuch (MTH) youth during each of last |
|  |  | three years in any one or more skill training programs for Eunuch (MTH). The training partners |
|  |  | are exempted from submitting placements record of trained eunuchs (MTH). Year-wise audited |
|  |  | financial statements mentioning net-worth for the last three consecutive years should be |
|  |  | submitted by the applicant. A CA certificate must be submitted as per Annexure 3.3. |
|  |  |  |  |  |

(1.2.4) A registered society formed from/by community of eunuch (MTH) recognized by Government of India / Government of Rajasthan/ any other International/ National donor agency applying for skill trainings shall be exempted from eligibility criteria. A certificate must be submitted as per Annexure 3.4.

OR

(1.3) The average annual turnover of training provider in the past three consecutive years shall not be less than Rs.50 lakhs. Year-wise audited financial statements mentioning net-worth for the last three consecutive years should be submitted by the Applicant*.* A CA certificate must be submitted as per Annexure-3.5.

OR

(1.4) If training provider is applying in Joint Venture (JV) or Consortium then either both the partners should individually meet eligibility criteria mentioned in 1.2.1 and/or 1.3 or the Lead partner meets the eligibility criteria mentioned in 1.3. Document of JV/Consortium defining specific responsibilities of each partner shall be submitted along with the proposal. A CA certificate must be submitted as per Annexure-3.1 & 3.5.

(1.5) The Training Provider should not be blacklisted by any donor agency/ State Government/ Central Government. A certificate must be submitted as per Annexure 4.

(1.6) The Training provider should be ready to set up skill development center as per the provisions mentioned in RSTP guidelines and conditions laid down in terms & conditions of MoU for providing skill trainings to the target group of society for which training provider shall arrange for space, furniture, equipment, tools & training aids, electrical connection, water supply and other necessary infrastructure including installation of compatible Aadhar enabled biometric thumb impression machine for registering attendance on ISMS portal of RSLDC and hire trainers with required qualification and experience for imparting skill training in s e l e c t e d vocation. The training provider shall ensure opening of bank account of enrolled trainees and their insurance coverage under Pradhanmantri Suraksha Bima Yojna, cost of such insurance (premium) shall be borne by the training provider. Further, training provider shall arrange for placement of at least 50% of successful trainees which may be wage employment, self-employment or setting up of entrepreneurial enterprise. A certificate must be submitted as per Annexure 5.

(1.7) Empanelled Training Partners under RSTP scheme of RSLDC shall be exempted from eligibility criteria of this EoI but to commence projects under RSTP scheme of RSLDC beyond 01.01.2018 all existing empanelled training partners under RSTP shall submit an affidavit of consent on Non-Judicial stamp of Rs. 1000/- (Rupees one thousand only) as per Annexure 7 and based on their past performance their empanelment under this EoI shall be considered. Decision of RSLDC in this regard shall be final and binding on these agencies. Existing empanelled training partners who do not submit their consent under this EoI or training partners not selected by RSLDC based on their past performance shall cease to continue as empanelled training partners of RSLDC and their MoU with RSLDC would be treated as deemed to be cancelled.

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Proposal | Training Providers have to pay a non-refundable Proposal Processing Fee of Rs.5,000/- (Rupees |  |
|  | Processing | Five Thousands only). This will be paid in the form of a Demand Draft Payable to ‘Rajasthan Skill |  |
|  | Fee | and Livelihoods Development | Corporation' payable at Jaipur, drawn on any scheduled |  |
|  |  |  |
|  |  | commercial bank and accompany with Covering Letter in cover of the Proposal Document. |  |
|  |  | Proposals that are not accompanied with the Proposal Processing Fee shall be rejected by RSLDC. |  |
|  |  | No Proposal Processing Fees is required to be submitted by Government Industrial Training |  |
|  |  | Institutes, Government Polytechnics, Government Engineering Colleges, Government University |  |
|  |  | managed Krishi Vigyan Kendra, Government University managed Institutions, ICAR Institutions |  |
|  |  | managed Krishi Vigyan Kendra, Central and State Government managed Institutes, Nationalized |  |
|  |  | Bank run RUDSET/RSET Institutes and by Training Providers proposing to conduct skill training |  |
|  |  | programme specifically for Persons with Special Ability (PSA) and Eunuchs (MTH) of Rajasthan. |  |
|  |  |  |  |
| 3 | Earnest | Training Providers will be required to submit a refundable Earnest Money Deposit (EMD) of Rs. |  |
|  | Money | 1,00,000/- (Rupees One Lakh only). This will be paid in the form of a Demand Draft Payable to |  |
|  | Deposit | ‘Rajasthan Skill and Livelihoods Development Corporation’ payable at Jaipur, drawn on any |  |
|  | (EMD) | scheduled commercial bank and | must accompany with Covering Letter in Cover of the |  |
|  |  | Proposal Document. Proposals that are not accompanied by the above Earnest Money Deposit |  |
|  |  | (EMD) shall not be considered. |  |  |
|  |  | No Earnest Money Deposit (EMD) is required to be submitted by Government Industrial Training |  |
|  |  | Institutes, Government Polytechnics, Government Engineering Colleges, Government University |  |
|  |  | managed Krishi Vigyan Kendra, Government University managed Institutions, ICAR Institutions |  |
|  |  | managed Krishi Vigyan Kendra, Central and State Government managed Institutes, Nationalized |  |
|  |  | Bank run RUDSET/RSET Institutes and by Training Providers proposing to conduct skill training |  |
|  |  | programme specifically for Persons with Special Ability (PSA) and Eunuchs (MTH) of Rajasthan. |  |
|  |  | **EMD will be forfeited on account of one or more of following reasons:-** |  |

1. In case of training provider withdraws from an EoI during the period of validity of EoI that is 90 days from the date of submission of proposal.
2. In case of training provider does not participate in the subsequent EoI process (signing of MoU) after having been shortlisted.

|  |  |  |
| --- | --- | --- |
| 4 | Perform | Training Providers will be required to submit a refundable Performance security Deposit (PSD) of |
|  | ance | Rs. 50,000/- (Rupees Fifty Thousand only) per Skill Development Center before commencement |
|  | security | of trainings. This will be paid in the form of a Demand Draft Payable to ‘Rajasthan Skill and |
|  | Deposit | Livelihoods Development Corporation’ payable at Jaipur, drawn on any scheduled |
|  | (PSD) | commercial bank. |
|  |  | **PSD will be forfeited on account of following reason:-** |
|  |  | In case of training provider does not setup Skill Development Center (s) within stipulated time |
|  |  | period as per work order or comply with conditions of MoU. |
|  |  |  |
| 5 | Duration of | Three years |
|  | the Project |  |
|  |  |  |
| 6 | Date of | 01st January, 2018 |
|  | Launch of the |  |
|  | Project |  |
|  |  |  |
| 7 | Economic | List attached at the end of the EOI. The list is not exhaustive and can be amended from time to time. |
|  | Sector-wise |  |
|  | Courses for |  |
|  | Training |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 8 | Organization | As per RSLDC Guidelines for RSTP (as amended from time to time) |
|  | of Skill |  |  |
|  | Training |  |  |
|  | Programmes |  |  |
| 9 | Funding | As per RSLDC Guidelines of RSTP for unemployed women, youth, eunuch (MTH), persons with |
|  | Pattern | special ability (PSA), inmates of jails, juvenile homes, nari niketans (as amended from time |
|  |  | to time). |  |
|  |  |  |
|  | Submission | (A.) Interested Companies/Agencies/Organizations fulfilling eligibility conditions as mentioned |
| 10 | of Proposal | above can submit their detailed | proposal for undertaking s k i l l t r a i n i n g s f o r |
|  |  | l i v e l i h o o d e n h a n c e m e n t | (SELF OR WAGE EMPLOYMENT OR ENTREPRENEURSHIP**)** |
|  |  | **for** unemployed women, youth, eunuch (MTH), persons with special ability (PSA), |
|  |  | inmates of jails, juvenile homes, nari niketans in the State to the Managing Director, |
|  |  | Rajasthan Skill and Livelihoods Development Corporation (RSLDC) Head Office, Jaipur or District |
|  |  | Office of RSLDC on or before 22.01.2018 by 6 PM. |
|  |  | The proposal should be accompanied with : |

1. Covering Letter-Annexure-1
2. Company Profile as per Annexure-2
3. Copy of audited financials for the last three years as per Annexure-3

d) Documentary proof of s k i l l t r a i n i n g s p r o g r a m m e s c o n d u c t e d a n d placement opportunities provided during the last three years as per Annexure-4

* 1. Existing/Proposed Training Infrastructure as per Annexure-5
	2. Affidavit for not being blacklisted-as per Annexure-6
	3. Proposed Action plan as per Anmnexure-7.
	4. Copy of agreement for JV/Consortium, if applicable.
1. Self-certificate regarding :

|  |  |  |
| --- | --- | --- |
|  |  | Establishment of SDC as per provisions of RSTP guidelines, hiring of trainer (s), |
|  |  | installation of Aadhar enabled biometric thumb impression machine, opening of bank |
|  |  | accounts for enrolled trainees, insurance of enrolled trainees under Pradhanmantri |
|  |  | Suraksha Bima Yojna and willingness to assist trainees in wage or self-employment |
|  |  | (establishment of micro enterprise) to at least 50% of youth trained. |
|  |  |  |
| 11 Mechanism | 1. | Desk Appraisal to check the eligibility of received proposals and rejection of in-eligible |
| for approval |  | proposals. |
| of the Project | 2. | Evaluation of the proposal by committee constituted by RSLDC. |
|  | 3. | Recommendations of Committee to MD, RSLDC and approval of Chairman, RSLDC |
|  | 4. | Signing of MoU with selected Training Providers |

The Managing Director, RSLDC reserves the right to accept or reject any proposal without assigning any reasons, whatsoever. The decision of RSLDC shall be final and binding on the Company/Agency.

**Note:**

**1.** **The Sectors and Courses may be updated/amended by RSLDC from time to time.**

**2.** **The RSLDC reserves full rights to decide number of candidates to be trained in a particular sector/course.**

**The decision shall be final and binding on all selected training providers under RSTP Scheme.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Rajasthan Skill and Livelihoods Development Corporation (RSLDC)** |
|  |  | **List of Regular Skill Training Programme (RSTP) Courses (As on 01.01.2018)** |
|  |  |  |  |  |
|  |  |  |  | **Sector/ Course & its suitability for nature of disability** |
|  |  |  |  | **(HI-Hearing Impaired; PI-Physically** |
|  | **S. No.** |  |  | **Impaired-Lower limbs; MR-Mentally Retarded)** |
|  |  |  |  |  |
| **1** |  | **2** |
|  | **1** |  |  | **AGRICULTURE & HORTICULTURE** |
|  |  |  |  |
| 1 |  |  | Repair and Servicing of Tractor **(HI)** |
|  |  |  |  |
| 2 |  |  | Repair, Maintenance and Operation of Power |
|  |  |  |  | Tiller**(HI)** |
| 3 |  |  | Repair and Overhauling of Hydraulic |
|  |  |  |  | System**(HI)** |
| 4 |  |  | Repair, Maintenance and Operation of Post Harvesting Equipment**(HI)** |
|  |  |  |  |
| 5 |  |  | Repair, Maintenance and Field Operation of Combine Harvester**(HI)** |
|  |  |  |  |
| 6 |  |  | Nursery Management **(HI)** |
|  |  |  |  |
| 7 |  |  | Protected Cultivation(High Tech Horticulture) |
|  |  |  |  | **(HI)** |
| 8 |  |  | Sprinkler and Drip Irrigation Equipment |
|  |  |  |  | Technician **(HI)** |
| 9 |  |  | Krishi Jankar |
| 10 |  |  | Udhyaniki Jankar |
| 11 |  |  | Repair & Maintenance of Spraying and Dusting Equipments**(HI)** |
|  |  |  |  |
| 12 |  |  | Landscaping and floriculture |
|  |  |  |  |
| 13 |  |  | Mushroom Cultivation**(HI)** |
|  |  |  |  |
| 14 |  |  | Vermiculturing & Vermicomposting**(HI)** |
|  |  |  |  |
| 15 |  |  | Florist |
|  |  |  |  |
|  | **2** |  |  | **ALLIED HEALTH CARE** |
|  |  |  |  |
| 16 |  |  | Domestic Assistant-Elderly Care |
|  |  |  |  |
| 17 |  |  | Yoga & Naturopathy |
|  |  |  |  |
|  | **3** |  |  | **ANIMAL HUSBANDRY AND ALLIED** |
|  |  |  |  |
| 18 |  |  | Pashu Jankar |
|  |  |  |  |
| 19 |  |  | Dairy Management |
|  |  |  |  |
| 20 |  |  | Para Vet cum Artificial Insemination |
|  |  |  |  |
| 21 |  |  | Fish Farming |
|  |  |  |  |
| 22 |  |  | Poultry Farming |
|  |  |  |  |
| 23 |  |  | Aquarium and Ormnamental Fish Entreprenur |
|  |  |  |  |
| 24 |  |  | Breeding and Rearing of Ornamental Fishes |
|  |  |  |  |
|  | **4** |  |  | **APICULTURE** |
|  |  |  |  |
| 25 |  |  | Basic Bee Keeping Assistant |
|  |  |  |  |
|  | **5** |  |  | **AUTOMATIVE REPAIR** |
|  |  |  |  |  |
|  |  |  |  |
| **26** |  |  | **Two Wheler Machenic** |
|  |  |  |  |
|  | **6** |  |  | **BAMBOO FABRICATION** |
|  |  |  |  |
| 27 |  |  | Bamboo Processing **(HI)** |
|  |  |  |  |
| 28 |  |  | Mat Weaving**(HI)** |
|  |  |  |  |
|  | **7** |  |  | **BEAUTY CULTURE & HAIR DRESSING** |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 29 |  |  | Basics of Beauty and Hair Dressing |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 30 |  |  | Massage Therapist **(HI)** |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 31 |  |  | Makeup Artist |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 32 |  |  | Facial Therapist |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 33 |  |  | Hair Stylist |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 34 |  |  | Hair Colorist |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 35 |  |  | Hair Cutting Specialist |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 36 |  |  | Beauty Therapy and Hair Styling (Level-1) |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 37 |  |  | Beauty Therapy and Hair Styling (Level-2) |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 38 |  |  | Integrated Course in Hair, Skin and Make-up |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 39 |  |  | Bridal Make-up Artist |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **8** |  |  | **CARPET** |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 40 |  |  | Entrepreneurship & export Management |  |  |
|  |  |  |  |  |  |  |
|  |  | **9** |  |  | **ELECTRICAL** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 41 |  |  | Repair of Home appliances |  |  |
|  |  |  | **(HI , PI)** |  |  |
|  |  |  |  |  |  |  |
|  | 42 |  |  | House Wiring **(HI)** |  |  |
|  |  |  |  |  |  |  |
|  | 43 |  |  | Transformer winding **(HI , PI)** |  |  |
|  |  |  |  |  |  |  |
|  | 44 |  |  | Armature winding **(HI , PI)** |  |  |
|  |  |  |  |  |  |  |  |
|  | 45 |  |  | Rewinding of AC/DC Motor |  |  |
|  |  |  | **(HI , PI)** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 46 |  |  | Repair of Electrical Power Tools**(HI , PI)** |  |  |
|  |  |  |  |  |  |  |
|  |  | **10** |  |  | **ELECTRONICS** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 47 |  |  | Basic Electronics - Repair & Maintenance of Power supply, Inverter and UPS **(HI, PI)** |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 48 |  |  | Installation & Maintenance of DTH System |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Maintenance & Repair of Electronic Test |  |  |
|  | 49 |  |  | Equipment |  |  |
|  |  |  |  |  | **( HI , PI )** |  |  |
|  | 50 |  |  | Repair & Maintenance of Intercom System **( HI ,** |  |  |
|  |  |  |  |  | **PI)** |  |  |
|  |  |  |  |  |  |  |  |
|  | 51 |  |  | Installation & Maintenance of Electronic Equipments in Cell Phone Towers |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 52 |  |  | Repair & Maintenance PA & Audio Systems **(HI** |  |  |
|  |  |  |  |  | **, PI)** |  |  |
|  | 53 |  |  | Mobile Repairng |  |  |
|  |  |  |  |  |  |  |  |
|  | 54 |  |  | Repair & Maintenance of Photocopier and Fax |  |  |
|  |  |  | Machine **(HI , PI)** |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **11** |  |  | **FASHION DESIGN** |  |  |  |
|  |  |  |  |  |  |  |
| 55 |  |  | Batik Printing Specialist**(HI)** |  |
|  |  |  |  |  |  |  |
| 56 |  |  | Tie and Dye Specialist**( HI )** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| 57 |  |  | Block Printer**(HI)** |  |
|  |  |  |  |  |  |
|  |  | **12** |  |  | **FOOD PROCESSING & PRESERVATION** |  |  |  |
|  |  |  |  |  |  |  |
| 58 |  |  | Basic Food Preservation |  |
|  |  |  |  |  |  |
|  |  | **13** |  |  | **GARMENT MAKING** |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Hand Embroider **(HI)**
2. Tailor (Basic Sewing Operator) **(HI )**
3. Ornamentalist -Bead work for Garments **(HI)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 62 |  |  | Ornamentalist- Kashida kari Designer **(HI)** |  |
|  |  |  |  |  |  |  |  |  |
| 63 |  |  | Ornamentalist- Zardosi Specialist-Zari |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 64 |  |  | Ornamentalist- Zardosi Specialist- sequence |  |
|  |  |  |  |  | **(HI)** |  |
|  |  |  |  |  |  |  |  |  |
| 65 |  |  | Ornamentalist- Zardosi Specialist- Glass **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 66 |  |  | Ornamentalist- Zardosi Specialist- Metal |  |
|  |  | Zardosi **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 67 |  |  | Ornamentalist- Zardosi Specialist- woolen/ pique **(HI)** |  |
|  |  |  |  |  |  |  |  |  |
| 68 |  |  | Ornamentalist- Zardosi Specialist- Mirror **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 69 |  |  | Ornamentalist- Hand Work Specialist- Applique |  |
|  |  | **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 70 |  |  | Ornamentalist- Hand Work Specialist- Patch |  |
|  |  | Work **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 71 |  |  | Ornamentalist-Hand Work Specialist Combination of different skills **(HI)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 72 |  |  | Tailor Children |  |
|  |  |  |  |  |  |  |  |  |
| 73 |  |  | Tailor Ladies |  |
|  |  |  |  |  |  |  |  |  |
| 74 |  |  | Tailor Gent’s |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **14** |  |  | **HANDICRAFT & LOCAL RESOURCE BASED** |  |  |  |
|  |  |  |
|  |  |  |  | **SKILLS** |  |  |  |
|  |  |  |  |  |  |  |  |
| 75 |  |  | Phad Painting |  |
|  |  |  |  |  |  |  |  |
| 76 |  |  | Handicraft Terrakota, |  |
|  |  | Clay Item |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **15** |  |  | **HOME DECOR-ART JEWELLERY** |  |  |  |
|  |  |  |  |  |  |  |
| 77 |  |  | Imitation Jewellery Kit Maker**(HI)** |  |
|  |  |  |  |  |
| 78 |  |  | Kundan Jewellery Maker**(HI)** |  |
|  |  |  |  |  |
| 79 |  |  | Kundan Jewellery Set Maker**(HI)** |  |
|  |  |  |  |  |
| 80 |  |  | Temple Jewellery Set maker **(HI)** |  |
|  |  |  |  |  |
| 81 |  |  | Bridal Jewellery Set maker |  |
|  |  |  |  |  |
|  |  | **16** |  |  | **HOSPITALITY** |  |  |  |
|  |  |  |  |  |  |  |
| 82 |  |  | **Cook-Fast Food** |  |
|  |  |  |  |  |
| 83 |  |  | **Cook –Tandoori Cuisine** |  |
|  |  |  |  |  |
| 84 |  |  | **Cook-Chinese (Veg. & non Veg.)** |  |
|  |  |  |  |  |
| 85 |  |  | **Cook-South Indian Cuisine** |  |
|  |  |  |  |  |
| 86 |  |  | **Cook-Halwai** |  |
|  |  |  |  |  |
| 87 |  |  | **Cook Baker** |  |
|  |  |  |  |  |
| 88 |  |  | **Dosa Maker** |  |
|  |  |  |  |  |
| 89 |  |  | **Biryani Specialist** |  |
|  |  |  |  |  |
| 90 |  |  | **Kabab Maker** |  |
|  |  |  |  |  |
| 91 |  |  | **Chat Maker** |  |
|  |  |  |  |  |
|  |  | **17** |  |  | **INDIAN CULTURE** |  |  |  |
|  |  |  |  |  |  |  |
| 92 |  |  | **Folk Music of Western Rajasthan** |  |
|  |  |  |  |  |
| 93 |  |  | **Pujak Archak** |  |
|  |  |  |  |  |
|  |  | **18** |  |  | **INDIAN SWEETS, SNACKS & FOOD** |  |  |  |
|  |  |  |  |  |  |  |
| 94 |  |  | **Craftsman- Bengali Sweets** |  |

1. **Craftsman-Ghee Based Sweets**

|  |  |  |  |
| --- | --- | --- | --- |
| 96 |  |  | **Craftsman-kaju & Dry Fruit Based Sweets** |
|  |  |  |  |  |  |
| 97 |  |  | **Craftsman-Milk & Khoa Sweets** |
|  |  |  |  |  |  |
| 98 |  |  | **Craftsman-Namkeen & Savouries** |
|  |  |  |  |  |  |
| 99 |  |  | **Craftsman-Indian snacks** |
|  |  |  |  |  |  |
| 100 |  |  | **Craftsman-North Indian Food** |
|  |  |  |  |  |  |
| 101 |  |  | **Craftsman-South Indian Food** |
|  |  |  |  |  |  |
| 102 |  |  | **Craftsman- Indian Chinese Food** |
|  |  |  |  |  |  |
| 103 |  |  | **Craftsman- Continental Food** |
|  |  |  |  |  |  |
| 104 |  |  | **Craftsman- Indian Chat** |
| 105 |  |  | **Craftsman- Indian Desserts** |
|  |  |  |  |  |
|  | **19** |  |  | **Information & Communication Technology** |  |
|  |  |  |  |  |
| 106 |  |  | **Computer training through screen reading software like JAWA, NVDA, FS Reader for Blind youth** |
|  |  |  |  |
|  | **20** |  |  | **JUTE DIVERSIFIED PRODUCTS** |  |
|  |  |  |  |
| 107 |  |  | **Desginer cum maker of Jute Fabric Bags** |
|  |  |  |  |
| 108 |  |  | **Desginer cum maker of Decorative Items** |
|  |  |  |  |
|  | **21** |  |  | **MEDICAL AND NURSING** |  |
|  |  |  |  |
| 109 |  |  | Hospital Housekeeping **(HI)** |
|  |  |  |  |
|  | **22** |  |  | **PAINT** |  |
|  |  |  |  |
| 110 |  |  | Wall Painter **(HI)** |
|  |  |  |  |
| 111 |  |  | Wood Painter **(HI )** |
|  |  |  |  |
| 112 |  |  | Metal Surface Painter **(HI )** |
|  |  |  |  |
| 113 |  |  | Spray Painter **(HI )** |
|  |  |  |  |
| 114 |  |  | Painter (Application, Testing, Handing and Storing |
|  |  |  |  |
|  | 23 |  |  | **PAPER PRODUCTS** |  |
|  |  |  |  |
| 115 |  |  | Manufacturing of Donas and Plates |
|  |  |  |  |
| 116 |  |  | Manufacturing of Cup and Tumbler |
|  |  |  |  |
| 117 |  |  | Production of Paper mashi Products |
|  |  |  |  |
|  | **24** |  |  | **PRINTING** |  |
|  |  |  |  |
| 118 |  |  | Screen printing **(HI)** |
|  |  |  |  |  |
|  | **25** |  |  | **TOY MAKING ( SOFT TOYS )** |  |
|  |  |  |  |  |
| 119 |  |  | General Sewing m/c Operator (Soft Toy) **(HI)** |
|  |  |  |  |
| 120 |  |  | Stuffer & Willower (Soft Toy) **(HI)** |
|  |  |  |  |
| 121 |  |  | Finisher & Painter (Soft Toy) **(HI)** |
|  |  |  |  |
| 122 |  |  | Packer (Soft Toy) **(HI)** |
|  |  |  |  |
|  | 26 |  |  | **MULTI SKILLS** |  |
| 123 |  |  | Assistant Plumber cum Hand Pump Mechanic |
|  |  |  |  |
| 124 |  |  | Plumber cum Hand Pump Mechanic |
|  | **27** |  |  | **MISCELLANEOUS** |  |
|  |  |  |  |  |  |
|  |  |  |  |
| 125 |  |  | Operation of Livelihood Generating Machines for Mentally Retarded Persons **(MR)** |
|  |  |  |  |
|  | **28** |  |  | **Constructions** |  |
|  |  |  |  |  |  |

1. **Junior Heritage Mistri**

**Checklist for proposals to be submitted in response to Expression of Interest (EoI) to undertake the Project of Livelihood Enhancement (Self or Wage Employment or Entrepreneurship) for u n e mp l oy e d women, youth, eunuchs (MTH), persons with special ability (PSA), jail inmates, juvenile home inmates, nari-niketan inmates through Skill Training Programmes under RSTP.**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Document Description** | **Page Number** |
|  |  |  |
| 1 | Covering Letter as per **Annexure-1** of EoI document along with DDs |  |
|  | Towards processing fee and EMD. |  |
|  |  |  |
| 2 | Training Provider’s Details of Certificate of the Corporate/ Registered Society/ |  |
|  | Trust/ Association or Government/ University/ Bank run Institute/ Section 25 |  |
|  | company/ Registered Proprietorship/ Partnership Firm / Private Limited |  |
|  | Company/ Public Limited Company (Copy) as per **Annexure-2** of EoI |  |
|  | document. |  |
| 3 | Training Provider’s Financial, Skill trainings & Placement Details including |  |
|  | audited financial statements and income tax returns for last 03 years as per |  |
|  | **Annexure-3.**1 |  |
|  |  |  |
| 4 | Training Provider’s Financial, Skill trainings & Placement Details for PSA s |  |
|  | including audited financial statements and income tax returns for last 03 years |  |
|  | as per **Annexure-3.2** |  |
|  |  |  |
| 5 | Training Provider’s Financial, Skill trainings & Placement Details for eunuchs |  |
|  | (MTH) including audited financial statements and income tax returns for last |  |
|  | 03 years as per **Annexure-3.**3 |  |
|  |  |  |
| 6 | Registration details of Government recognized society for eunuchs |  |
|  | (MTH) as per **Annexure- 3-4** |  |
|  |  |  |
| 7 | Training Provider’s Financial Details including audited financial statements and |  |
|  | income tax returns for last 03 years as per **Annexure-3-5 (for organizations** |  |
|  | **having turnover 50 lakhs or more)** |  |
|  |  |  |
| 8 | Training Provider’s Financial, Skill trainings & Placement Details including |  |
|  | audited financial statements and income tax returns for last 03 years as per |  |
|  | **Annexure-3.1 & 3.5 ( for organizations applying through JV/ Consortium)** |  |
|  |  |  |
| 9 | An affidavit for not being blacklisted as per **Annexure-4** |  |
|  |  |  |
| 10 | Declaration for Complying with provisions of RSTP guidelines as per |  |
|  | **Annexure-5** |  |
|  |  |  |
| 11 | Proposed Annual Action Plan as per **Annexure-6** |  |
|  |  |  |
| 12 | Affidavit of Consent by Existing RSTP Partners as per **Annexure-7** |  |
|  |  |  |
| 13 | Copy of EoI Document with sign and seal of Company Secretary/ Authorized |  |
|  | Representative and Signatory on each page of EoI document |  |
| 14 | Agreement of JV/Consortium, if applicable. |  |
|  |  |  |

**For and on behalf of:**

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date:

**Annexure -1: Format of the Covering Letter**

* ***The Covering Letter is to be submitted by Company Secretary/ Authorized Representative and Signatory on Company’s Letterhead with his/her dated Sign and Seal>>***

To

Managing Director

Rajasthan Skill and Livelihoods Development Corporation,

Kaushal Bhawan, J-8A, Jhalana Institutional Area, Jaipur- 302004

Phone: 91-141-5103246,47.

Fax: +91-141-5103247

Dear Sir,

Sub: **Empanelment for the project of Livelihood Enhancement (Self or Wage Employment** **or**

**Entrepreneurship) of U NE M PL O Y E D WOMEN, YOUTH, EUNUCHS (MTH), PERSONS WITH SPECIAL ABILITY (PSAs), JAIL INMATES, JUVENILE HOME INMATES, NARI-NIKETAN INMATES THROUGH REGULAR SKILL TRAINING PROGRAMME (RSTP) through Skill Training Programmes – Please mention relevant target group (s)**

Please find enclosed herewith our Proposal in respect of the Empanelment for the project of Livelihood Enhancement (Self or Wage Employment or Entrepreneurship) of unemployed women, youth, eunuch (MTH), persons with special ability (PSA), inmates of jails, juvenile homes, nari niketans through Skill Training Programmes, in response to the Expression of Interest (EOI) Document issued by the Rajasthan Skill and Livelihoods Development Corporation (RSLDC), dated 27.12.2017.

We hereby confirm that:

1. The proposal is being submitted by (name of the Training Provider)

who is the Training Provider, in accordance with the conditions stipulated in the EOI.

1. We have examined in detail and have understood the terms and conditions stipulated in the EOI Document issued by RSLDC and in any subsequent communication sent by RSLDC. We agree and undertake to abide by all these terms and conditions. Our Proposal is consistent with all the requirements of submission as stated in the EOI or in any of the subsequent communications from RSLDC.
2. The information submitted in our Proposal is complete, is strictly as per the requirements as stipulated in the EOI, and is correct to the best of our knowledge and understanding. We would be solely responsible for any errors or omissions in our Proposal. We acknowledge that RSLDC will be relying on the information provided in the Proposal and the documents accompanying such Proposal for empanelment of the Training Provider for the aforesaid programme, and we certify that all information provided in the application is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.
3. We acknowledge the right of RSLDC to reject our Proposal without assigning any reason or otherwise

and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

1. We satisfy the legal requirements and meet all the eligibility criteria laid down in the EOI.
2. This Proposal is unconditional and we hereby undertake to abide by the terms and conditions of the EOI.
3. We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

**Annexure -1: Format of the Covering Letter**

1. We are enclosing DDs towards processing fee and EMD as under:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Amount** | **DD No.** | **Date** | **Bank** |
|  |  |  |  |  |
| Processing Fee | Rs. 5,000/- |  |  |  |
|  |  |  |  |  |
| EMD | Rs. 1,00,000/- |  |  |  |
|  |  |  |  |  |

This Proposal is made against for the Expression of Interest of empanelment under the Project **of** Livelihood Enhancement (Self or Wage Employment or Entrepreneurship) of unemployed women, youth, eunuch (MTH), persons with special ability (PSA), inmates of jails, juvenile homes, nari niketans through Skill Training Programmes–Please mention relevant target group (s) for the following target group and Course (s) under Sector:

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Target Group** | **Name of Sector** | **Name of Course** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In witness thereof, we submit this Proposal under and in accordance with the terms of the EOI document

**For and on behalf of:**

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date:

**Annexure -2: Training Provider’s Details**

* ***Declaration by Company Secretary/ Authorized Representative and Signatory on Company’s Letterhead with his/her dated Sign and Seal >>***

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Description** | **Details** |
|  |  |  |
| 1 | Name of Legal Constitution of Training |  |
|  | Provider |  |
| 2 | Status / Constitution of the Firm |  |
|  |  |  |
| 3 | Name of Registering Authority |  |
| 4 | Registration Number |  |
|  |  |  |
| 5 | Date of Registration |  |
|  |  |  |
| 6 | Place of Registration |  |
|  |  |  |
| 7 | PAN Card Number |  |
|  |  |  |
| 8 | TIN Number |  |
|  |  |  |
| 9 | TAN Number |  |
|  |  |  |
| 10 | GST Number |  |
|  |  |  |

**It is further certified that we are active and operational continuously for the last three years on the date of our application.**

**For and on behalf of:**

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date:

**Note**: Please provide copies of following documents (whichever applicable) :

1. If Proprietorship Firm, copy of Certificate of the Proprietorship duly certified by a Chartered Accountant.
2. If Partnership Firm, copy of Registered Partnership Deed / Certificate of the Partnership duly

certified by a Chartered Accountant.

1. If Public/ Private Limited Company, copy of Registration/Incorporation Certificate and Memorandum and Articles of Association.
2. If Society / Trust / Association Copy of Registration Certificate and Bylaws of Society / Trust / Association.
3. Copy of PAN Card.
4. Copy of TIN.
5. Copy of TAN.
6. Copy of GST.
7. Copy of Bank Passbook as on 27012.2017.

**Annexure-3.1: Financial, Skill Trainings & Placement Details**

***<< Declaration by Chartered Accountant on Letterhead with his/her dated Sign and Seal >>***

**To whomsoever it may concern**

On the basis of audited financial statements, we hereby certify that <<M/s Entity name>>, having registered office at <<Office address>>, have an average annual turnover from **skill development programs operation** in past three consecutive financial years is **not less than Rs 2.5 lakh.** The details of annual turnover are mentioned below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Financial** | **Annual Turnover from skill** | **Annual Turnover (INR)** | **Net-worth** |
|  | **Year (Last** | **development and** |  |  |
|  | **Three Years)** | **placement linked** |  |  |
|  |  | **programs operation only** |  |  |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |

Enclosed herewith:

1. Copy of Audited Financial statements
2. Copy of Income Tax Returns

**Details of Training Center:**

1. Number of Functional Training Centers:
2. Address:
3. Skilling Capacity :
4. Trade:

**Details of Trained and Placed Youth :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of | Financial | Total No. of | Details of | Placement | Details of |
| Sector | Year | candidate | supporting | provided to | Supporting |
|  | (Last Three | trained | proof | number of | proof provided |
|  | Years) |  | provided | candidate |  |
|  |  |  |  | got trained |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |
|  |  |  |  |  |  |

* **Chartered Accountant >>:** Signature

Name Registration No Contact No. Seal

Date:

**Annexure-3.2: Financial, Skill Trainings & Placement Details (for PSA)**

***<< Declaration by Chartered Accountant on Letterhead with his/her dated Sign and Seal >>***

**To whomsoever it may concern**

**(For PSA)**

On the basis of audited financial statements, we hereby certify that <<M/s Entity name>>, having registered office at <<Office address>>, have an average annual turnover from **skill development programs operation** in past three consecutive financial years is **not less than Rs 2.5 lakh.** The details of annual turnover are mentioned below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Financial** | **Annual Turnover from skill** | **Annual Turnover (INR)** | **Net-worth** |
|  | **Year (Last** | **development and** |  |  |
|  | **Three Years)** | **placement linked** |  |  |
|  |  | **programs operation only** |  |  |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |

Enclosed herewith:

1. Copy of Audited Financial statements
2. Copy of Income Tax Returns

**Details of PSA Training Center:**

1. Number of Functional Training Centers:
2. Address:
3. Skilling Capacity :
4. Trade:

**Details of Trained and Placed PSA Youth :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of | Financial | Total No. of | Details of | Placement | Details of |
| Sector | Year | candidate | supporting | provided to | Supporting |
|  | (Last Three | trained | proof | number of | proof provided |
|  | Years) |  | provided | candidate |  |
|  |  |  |  | got trained |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |
|  |  |  |  |  |  |

* **Chartered Accountant >>:** Signature

Name Registration No Contact No. Seal

Date:

**Annexure-3.3: Financial, Skill Trainings & Placement Details (for Eunuch (MTH))**

***<< Declaration by Chartered Accountant on Letterhead with his/her dated Sign and Seal >>***

**To whomsoever it may concern**

**For Eunuch (MTH)**

On the basis of audited financial statements, we hereby certify that <<M/s Entity name>>, having registered office at <<Office address>>, have an average annual turnover from **skill development programs operation** in past three consecutive financial years is **not less than Rs 2.5 lakh.** The details of annual turnover are mentioned below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Financial** | **Annual Turnover from skill** | **Annual Turnover (INR)** | **Net-worth** |
|  | **Year (Last** | **development and** |  |  |
|  | **Three Years)** | **placement linked** |  |  |
|  |  | **programs operation only** |  |  |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |

Enclosed herewith:

1. Copy of Audited Financial statements
2. Copy of Income Tax Returns

**Details of Eunuch (MTH) Training Center :**

1. Number of Functional Training Centers:
2. Address:
3. Skilling Capacity :
4. Trade:

**Details of Trained and Placed Eunuch (MTH) Youth :**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of | Financial | Total No. of | Details of |
| Sector | Year | candidate | supporting |
|  | (Last Three Years) | trained | proof provided |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |
|  |  |  |  |

* **Chartered Accountant >>:** Signature

Name Registration No Contact No. Seal

Date:

**Annexure -3.4: Training Provider’s Details**

**For Eunuch (MTH)**

* Declaration by Company Secretary/ Authorized Representative and Signatory on Company’s Letterhead with his/her dated Sign and Seal >>

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Description** | **Details** |
|  |  |  |
| 1 | Name of Legal Constitution of Training |  |
|  | Provider |  |
| 2 | Status / Constitution of the Firm |  |
|  |  |  |
| 3 | Name of Registering Authority |  |
| 4 | Registration Number |  |
|  |  |  |
| 5 | Date of Registration |  |
|  |  |  |
| 6 | Place of Registration |  |
| 7 | PAN Card Number |  |
|  |  |  |

**It is further certified that we are active and operational continuously for the last three years on the date**

**of our application.**

**For and on behalf of:**

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date:

**Note**: Please provide copies of following documents (whichever applicable) :

1. Society / Trust / Association Copy of Registration Certificate and Bylaws of Society / Trust / Association.
2. Copy of PAN Card.
3. Copy of Bank Passbook as on 27012.2017

**Annexure -3.5: Financial Details**

***<< Declaration by Chartered Accountant on Letterhead with his/her dated Sign and Seal >>***

**To whomsoever it may concern**

On the basis of audited financial statements, we hereby certify that <<M/s Entity name>>, having registered office at <<Office address>>, have an average total annual turnover in the past three consecutive years is **not less** **than 50 lakhs.** The details of annual turnover are mentioned below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Financial** | **Annual Turnover from skill** | **Annual Turnover (INR)** | **Net-worth** |
|  | **Year (Last** | **development and** |  |  |
|  | **Three Years)** | **placement linked** |  |  |
|  |  | **programs operation only** |  |  |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |

Enclosed herewith:

* 1. Copy of Audited Financial statements
	2. Copy of Income Tax Returns
* **Chartered Accountant>> :**

Signature

Name

Registration No

Contact No.

Seal

Date:

**Annexure - 4: Affidavit for not being blacklisted**

* ***An affidavit on a non-judicial stamp paper of INR 50/- by Company Secretary/ Authorized Representative and Signatory of the Training Provider with his/her dated Sign and Seal >>***

**AFFIDAVIT**

We, <<M/s Company name>>, having its registered office at <<Office address>>, do hereby declare that we << M/s Company name >> have not been blacklisted/ debarred by any donor agency/ State Government/ Central Government authority for breach on our part.

**For and on behalf of:**

Signature:

Name: Designation: (Company Seal)

(Authorized Representative and Signatory) Date:

**Annexure - 5: Declaration for complying with provisions of RSTP Guidelines**

* Declaration by Authorized Representative and Signatory on Company’s Letterhead with his/her dated Sign and Seal >>

We, <<M/s Company name>>, having its registered office at <<Office address>>, do hereby declare that we << M/s Company name >> hereby confirm to establish SDC as per provisions of RSTP guidelines, hire trainer (s), install Aadhar enabled biometric thumb impression machine, open bank accounts for enrolled trainees, insure enrolled trainees under Pradhanmantri Suraksha Bima Yojna and will assist at least 50% of youth trained in wage or self-employment or establishment of micro- enterprise.

**For and on behalf of:**

Signature:

Name: Designation: (Company Seal)

(Authorized Representative and Signatory) Date:

**Annexure - 6: Annual Action Plan**

***<< Declaration by Authorized Representative and Signatory on Company’s Letterhead with his/her dated Sign and Seal >>***

**Annual Action Plan**



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PIA** |  |  |  |  |  |  |  | **Total** |  |  |
| **Name** |  |  | **Number of Skill** |  |  |  |  | **Number of** |  |
|  |  | **SDC** |  | **SDC wise** | **Residential/** | **Number** |  |
| **Year** | **District** | **Development** | **Sector** | **Candidates to be** |  |
| **S.No** | **Location** | **Course (s)** | **NR** | **of** |  |
|  |  |  | **Centres (SDC)** |  | **trained** |  |
|  |  |  |  |  |  |  | **Batches** |  |
|  |  |  |  |  |  |  |  |  |  |

**For and on behalf of:**

Signature:

Name: Designation: (Company Seal)

(Authorized Representative and Signatory)

Date

**Annexure-7: Format for affidavit of Consent Letter by Existing RSTP Partners**

**for imparting Skill Trainings under RSTP Scheme**

* ***<< An affidavit on a non-judicial stamp paper of INR 1000/- by Authorized Signatory of the Training Provider with his/her dated Sign and Seal >>***

**CONSENT LETTER**

1. I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of agency) hereby submit the consent to continue as training partner under RSTP scheme of

RSLDC.

1. I/We agree and accept all terms and conditions of revised RSTP guidelines to be effective from 01.01.2018.
2. I/We agree and accept that MoU signed between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of agency) and RSLDC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) may be extended under this EoI for next three years from the date of submission of this consent letter.
3. I/We agree and accept to deposit Rs.50,000/- per SDC as Performance Security Deposit (PSD).
4. I/We agree and accept to install Aadhar enabled biometric thumb impression machine for recording attendance of trainees and trainers on ISMS portal of RSLDC.
5. I/We agree and accept to establish IT lab as per provisions of revised RSTP guidelines.
6. I/We agree and accept to open bank accounts for enrolled trainees.
7. I/We agree and accept to insure enrolled trainees under Pradhanmantri Suraksha Bima Yojna.
8. I/We agree and accept to assist at least 50% of youth trained in self-employment or establishment of micro- enterprise or wage employment.

In witness thereof, we submit this Consent under and in accordance with the terms of the EOI document

**For and on behalf of:**

**Signature**

**Name**

**Designation**

**(Authorized Signatory)**

**(Company Seal)**

**Date**

**1. Witness:**

**Signature**

**2. Witness:**

**Signature**

**Name**

**Designation**

**Address**

**Contact Number**

**Name**

**Designation**

**Address**

**Contact Number**