|  |
| --- |
| **TERMS AND CONDITIONS*** 1. Applications of enterprises will be scrutinized and eligible applications will be forwarded by PRIME to MSSDS.
	2. The Training Fee which includes cost of material, honorarium, etc and Assessment Fee shall be approved by MSSDS and shall not exceed the common cost norms for Category III of Schedule II as prescribed by the Ministry of Skill Development & Entrepreneurship.
	3. It shall be mandatory for STPs to absorb the trainees into their enterprises as employees or business partners.
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**APPLICATION FORMAT FOR EMPANELMENT OF PRIME ENTREPRENEURS AS SKILL TRAINING PROVIDERS**

**I. General Information**

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| --- | --- | --- |
| **SN** | **Particulars** | **Details** |
| 1 | Name of the Organisation |  |
| 2 | Type of Organization(Sole Proprietorship Firm, Partnership Firm, Limited Liability Partnership, Company, etc) |  |
| 3 | Type of Business(Food Processing, Handicrafts, tourism, etc) |  |
| 4 | Date of Incorporation |  |
| 5 | Office Address |  |
| 6 | Contact Details  | Contact Person:Telephone:Mobile:Email ID:Website (if any) |
| 7 | PAN |  |
| 8 | GST & TAN details  | TAN:GST: |
| 9 | Bank Account Details(Has to be Current account) | Name of the Bank:Branch:Account Number:IFSC: |
| 10 | No. of Years of Operation |  |
| 11 | Total No. of Current Employees |  |
| 12 | Current Production Capacity per month / cycle |  |
| 13 | Current Turnover / annum |  |
| 14 | Proposed Training  |  |
| 15 | Proposed Training Location |  |
| 16 | Proposed No. of persons to be skilled / trained for scale up |  |
| 17 | Duration of Training |   |
| 18 | Post Training Plan for Trainees (tick appropriate box) | * Hired as Employee
* Inducted as Partner
 |
| 19 | Expected Earnings / month post training for trained / skilled candidate |  |
| 19 | Expected increase in production / cycle after scale up |  |
| 20 | Expected increase in Turnover / annum after scale up |  |

**II. Attach detailed proposal as Annexure I.** (Each page to be numbered and signed)

**III. Declaration**

I/we hereby apply for empanelment as Skill Development Training Provider in MSSDS and declare that:

1. I/We declare that the particulars furnished above are true to the best of my/our knowledge and belief, and any incorrect information furnished may lead to cancellation of my/our application for empanelment with MSSDS.
2. I/We declare that the validity of the above information is subject to inspection and scrutiny by MSSDS.
3. I/We understand and accept that empanelment shall be at the discretion of MSSDS as per requirement and MSSDS has a right to reject our application without assigning any reasons thereof.
4. I/We understand that empanelment as such does not guarantee award of assignment by MSSDS.
5. If my/our application for empanelment in MSSDS is considered favourably, I/we shall abide by all the terms & conditions stated herein as well as other terms & conditions prescribed by MSSDS from time‐to‐time.
6. I/We understand that entrustment of assignment is subject to periodical review by MSSDS.
7. I/We understand that MSSDS reserves the right to delete/cancel the empanelment/stop awarding future assignments without prior notice or assigning any reasons whatsoever.
8. The training shall be conducted on the basis of accepted principles as also the criteria/terms of reference specified by MSSDS from time‐to‐time.
9. If any wrong practice is detected, I/We here by consent that MSSDS may take steps as deemed fit.
10. I/We have not been convicted of any offence and sentenced by any court in the country.
11. I/We have not been found guilty of misconduct in professional capacity.
12. I/We have not been convicted of an offence/debarred by any agency/organisation.

Date:

Place:

Signature and Seal of the Applicant

(To be signed and sealed by the individual/authorized signatory of the firm/company/society/etc)