



EXPRESSION OF INTEREST (EOI)

For

Training Partners to undertake Short Term Training project in the state of Himachal Pradesh for Himachal Pradesh Kaushal Vikas Nigam (HPKVN) under various Capital Goods Skill Council JobRoles

06.07.2023

Capital Goods Skill Council

1st Floor,39 Samayak Tower, Pusa Road (near Karol Bagh Station),
New Delhi-110005

Tel: +91-7838293838

1. Introduction

Capital Goods Skill Council (CGSC) is an apex body been designed to bridge the gap between manufacturing industry needs of skilled manpower as per competency standards defined by the industry and the training and education system.

The Council is promoted by Ministry of Heavy Industries (MHI), & Ministry of Skills Development & Entrepreneurship (MSDE), GoI & FICCI and supported by National Skill Development Corporation (NSDC).

CGSC invites Expressions of Interest (EOI) from Various Training Partners preferably having experience in running training programs projects in the manufacturing sector under Various Job roles under CGSC Eligibility Criteria

All the agencies mentioned above should:

- ❖ Be a registered legal entity
- ❖ Not blacklisted by any Donor Agency/ State Government/ Central Government/ any competent authority.
- ❖ Will adhere to respective schemes norms (as amended from time to time).
- ❖ Training facilities should be available within State/ Districts / Region
- ❖ Having 2 years of training experience and with a good network of industries within Himachal Pradesh for placement of the candidates locally.
- ❖ Preference will be given to those who are already affiliated training partners under HPKVN.

2. Tender Cost (Non-Refundable)

All applicants are requested to submit a non-refundable Tender Cost of Rs. 5000/- (Rupees five Thousand only). This will be paid in the form of a Demand Draft in favor of "**Capital Goods Skills Council**" payable at New Delhi, drawn on any scheduled commercial bank and must accompany with a Covering Letter in the cover of the Proposal Document. Proposals that are not accompanied by the proposed Tender Cost shall not be considered.

3. Indicative Timelines

The application should reach by 17th July 2023 through the online submission /Physical submission. No further submission will be entertained after 17th July 2023.

4. Duration of Empanelment

The duration of the empanelment will be 1 year and may be extended based on Training Partner's performance.

The CGSC reserves all the right to discontinue Training Partner at any time in case of non-performance without any notice.

5. Cost Norms

Skill Development training costs would be paid as per the Common Cost Norms and other conditions as laid down under the scheme guidelines.

6. Training Infrastructure

As per Sector Skill Council (SSC) Guidelines.

The following Job roles are sanctioned under the scheme

Job Role	Job Role Code
Maintenance Fitter – Mechanical	CSC/Q0901
Senior Manual Metal Arc Welder/ Shielded Metal Arc Welder	CSC/Q0208
Metal Inert Gas/ Metal Active Gas/ Gas Metal Arc Welder (MIG/MAG/GMAW)	CSC/Q0209
CNC Programmer	CSC/Q0401
Draughtsman Mechanical	CSC/Q0402

7. Important Points:

Skill India Portal (SIP) accreditation of the Training Center is not mandatory. All the branding and IEC material needs to be as per HPKVN approved guidelines and standards, support will be provided by HPKVN PR Expert.

However, for any Training Center finalized by SSC, final re- inspection of training centre to be inspected by the HPKVN's notified Spocs supported by District Coordinator for validation of all the necessary lab equipments, instruments, branding and other necessary QP specifications as per SSC norms.

8. Placement

The empaneled Training Partner shall strive to provide captive placement to maximum trained candidates. However, CGSC mandates training partners to place a minimum of 70% of the certified candidates and monthly report to be submitted to SSC. Relocation shall be allowed only with the explicit consent of the candidates.

9. Selection Process

Eligible entities to be called to present their detailed proposal before a selection committee and the decision of this committee shall be final regarding empanelment. Selected training partners will have to sign a Memorandum of Understanding (MoU) with CGSC.

10. Submission of Proposal

Interested Training Partners fulfilling eligibility conditions as mentioned above can submit their detailed proposal for undertaking skill training project

to

Operations department, Capital Goods Skill Council, New Delhi on or before the cut-off date and time i.e., 17th July 2023 (4:00 pm). The proposal should carry the following documents as per given checklist:

Mandatory Annexure to be Submitted as proposal

- √ Covering Letter on organization's Letter Head (As per Annexure II)
- √ Copy of valid registration certificate under proper statute. (Self - Attested)
- √ Copy of Memorandum of Association and Bye laws certified by appropriate authority. (Self-Attested)
- √ Copy of audited balance sheet (By Chartered Accountant) for the last 3 years (Self- Attested)
- √ Copy of Annual Report of last 3 years (Self- Attested)
- √ List of current office bearers of the organization with their full name, complete postal address with PIN, Phone/ Mobile no. and Email-Id
- √ List of Core Training and Placement Staff
- √ Details of Skill Development Training and Placement record for last three years (As Per Annexure -I)
- √ A Self-Declaration on organization's letter head - that organization/institute is not involved in any corrupt practices and has not been black - listed by Central/ State Agencies (As per Annexure – III)

All the documents can be submitted online at the below email id

info@cgsc.in and if send through hard copy then it must be sealed in one common Envelope, and it must be super subscribed with the line **"Submission of Proposal to undertaking Short term training program under HPKVN in Himachal Pradesh"**

CGSC reserves the right to accept or reject any proposal without providing any reason whatsoever. The decision of the Capital Goods Skill Council shall be final and binding upon the Company/Agency.

For further information, you may contact Mr. Dhanendra Singh at operations@cgsc.in.

ANNEXURE I: Details of Skill Development training record for last three years (Consolidated statement of trained, certified, and placed trainees for last three years)

Sr. No.	Name of the Scheme	Financial Year when project executed	Qualification Pack	Qualification Pack Code	No. of Trained Candidates	No. of Certified Candidates	No. of Placed Candidates

Annexure II: Covering letter on organization's Letter Head

To

The Chief Executive Officer,
Capital Goods Skill Council
Pusa Road
New Delhi -110005

Sub: Expression of Interest (EOI) for Training Partners to Undertake HPKVN Project for Various Capital Goods Skill Council Job roles in districts of Himachal Pradesh.

Dear Madam/Sir,

This is with reference to your advertisement inviting Eol for Training Partners to Undertake STT Project for Various Capital Goods Skill Council Job roles in Himachal Pradesh. We, the undersigned, offer to provide the services for the above in accordance with your Expression of Interest, dated 11th Nov 2022. Please find below the details of our organization for your consideration.

S. NO.	Description	Details
1	Name and contact details of the Legal Entity	
2	Name contact details and of key Functionaries and Designation	
3	Status / Constitution of the Firm [Type - Private Limited / Society / Section 8 company etc.	
4	Name of Registering Authority	
5	Registration Number and status	
6	Date of Registration	
7	Place of Registration	
8	PAN Card Number	
9	No. of subject matter experts & Trainers on payroll	
10	Details of the relevant Training Program [to which the TP is applying to] conducted by the applicants during the last three years	

We are hereby submitting our Expression of Interest. We understand that you are not bound to accept any proposal you receive. We fully understand and agree to comply that on verification, if any of the information provided here is found to be misleading the short-listing process or unduly favors our company in the short-listing process, we are liable to be dismissed from the Eol selection process or termination of the contract during the project.

We agree to abide by the conditions set forth in this Eol. We hereby declare that our proposal submitted in response to this Eol is made in good faith and the information contained is true and correct to the best of our knowledge and belief.

Sincerely

Signature

Applicant's name with Seal

Annexure- III: Self-Declaration on organization's letter head - that organization/institute is not involved in any corrupt practices and has not been blacklisted by Central/ State Agencies

To

The Chief Executive Officer,

Capital Goods Skill Council

Pusa Road New Delhi – 110005

Dear Sir/Madam,

In response to the Expression of interest (EOI) dated..... for Training Partners to Undertake STT Project for Various Capital Goods Skill Council Job roles In Himachal Pradesh under HPKVN.

I hereby declare that presently our company/organization..... has an unblemished record and is not declared ineligible for corrupt and fraudulent practices either indefinitely or for a particular period by any State/Central Government/PSU/Autonomous body.

I further declare that our company/organization is not blacklisted and not declared ineligible for reasons other than Corrupt and Fraudulent practices by any State / Central Government / PSU /Autonomous Body on the date of submission of EOI.

If this declaration is found to be incorrect then without prejudice to any other action that may be taken, my security may be forfeited in full and the tender, if any to the extent accepted, may be cancelled.

Sincerely

Place:

Signature

Date:

Applicant's name with Seal

Designation

Other relevant documents before the start of training(Not to be filled at the application stage)

HIMACHAL PRADESH KAUSHAL VIKAS NIGAM
Trainee Counseling cum Selection Format

Annexure-A

Basic Information:

Name:
Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/> Others <input type="checkbox"/>
Age:
Mobile No. ___
Email-
Name of Training Institute/Service provider/College:
Type of training programme: MoU STT by PIA (SSC) <input type="checkbox"/>
Training Centre name:
Training Centre Location:
Date of Counseling:

(Please, answer following question for joining the skill training programme. Answer for each question should be between 20-50 words.)

1. Write about yourself, including your family background, educational qualification, skills, experiences and interest, hobbies, etc.
2. How did you come to know about the skill development programme being run by HP Kaushal Vikas Nigam (HPKVN)?
3. Are you employed? If, Yes, Name of employer & your monthly salary? If no then not applicable.
4. What motivated you to join this skill development programme?
5. Why did you select this Job role/sector to pursue your skilling career?
6. What offers/promises have been made to you by your trainer?
7. What are you planning to do after completion of this skill development programme?
8. What are your expectations from the training programme?
9. If given an opportunity, are you ready to work outside of Himachal Pradesh Yes <input type="checkbox"/> No <input type="checkbox"/>
10. What is your salary expectation from a Job?
11. Was the Job offer letter / Letter of Intent was shared with you by the PIA- (Yes/No) if yes, details of Job offered , company, tentative salary , Job location etc.
12. Any Other Information you would like to furnish and interested to know from us?
13. I the Student give my consent to use personal details on govt public portal like Aadhar, PAN, Account no. etc.

Name & Signature of counselor/Trainer:

Name & Signature of the student-

**Authorized Signatory
(PIA Name)**

Annexure-B - Declaration format by PIA for counseling session

Himachal Pradesh Kaushal Vikas Nigam (Himachal Pradesh Govt. Undertaking)						
Name of PIA-						
Details of Students Selected for the Batch-						
1	Name of the PIA					
2	Job Role Name/s					
3	Training Center details					
4	QP Code					
5	Batch No (B1/B2/B3)					
6	Trainer Name					
7	Counselling Date					
8	Candidates Counselling					
9	Candidates Shortlisted					
11	HPKVN Officers Name					
S.No	Name of Candidate Counselling	Father/ Guardian Name	Gender (M/F/O)	Contact No	Qualification	Recommended by HPKVN SPOC for the selected job role (SELECTED/ Not- SELECTED)
1						
2						

Note: Attendance sheet needs to be attached.

**Authorized Signatory
(PIA Name)**

Annexure- C- Declaration format by PIA for Batch initiation during the visit of Spoc & District Coordinator/HPKVN official.

Name of the PIA-

Name of the Center

Training Detail Format			
Name of the Centre Manager -			
Name of the Mobilizer/Counselor -			
Master Trainer (If available)			
MIS Support*			
Trainer Detail Format			
Name of the Trainer:			
Trainer Qualification: (SSC Certified Mandatory)			
Trainer Experience:			
S. no	Particulars	Details	Remarks
1	Job Role Name		
2	QP Code		
3	Batch No (B1/B2/B3)		
4	Total Enrolled		
5	Batch Start Date		
6	Batch End Date		
7	Timing of the Batch		

Authorized Signatory

(PIA Name)

Annexure-D –

Declaration by PIA • Schedule for the Training Timings

Dated ...

**From,
Name of PIA
Address of the PIA
To,
Managing Director,
Himachal Pradesh Kaushal Vikas Nigam, Shimla**

Sub: Schedule for the Training Timings

Dear Sir/Ma'am,

With regard to Batch No [Sector and QP Ref: at __address), we have initiated the batch with__number of trainees, with details given at Annexure-

Total training hrs for the _job role (QP code) would be hrs (theory and practical included) and the PIA would take (2/4/6/8 hr) sessions/day to complete the stipulated training hours.

Residential/ Non Residential-

Tentative Time Schedule is listed below:

Sno	Days	Time Schedule
1	Monday	

2	Tuesday	
3	Wednesd	
4	Thursday	
5	Friday	
6	Saturday	

Any change in the above schedule due to reasons like holidays or any unscheduled circumstances shall be intimated to the HPKVN HQ, HPKVN SPOC & the District coordinator in writing/Email. This is for your information and perusal.

Thanking you,

Authorized Signatory
(PIA Name)

Enclosure- Cc: Copy to < HPKVN SPOC & District Coordinator

Annexure-E –

Format for HPKVN SPOCS Recommendation w.r.t. Initiation of Batch

From,

HPKVN SPOC- Name

Name of PIA-

Name of District-

Name of Training Center-

To,

Managing Director,

Himachal Pradesh Kaushal Vikas Nigam

Shimla, Himachal Pradesh

Sub: Recommendation w.r.t. Initiation of Batch at.....(Training Centre Address) and Batch start date.....

Dear Sir/Ma'am,

It is submitted that I had undertaken mandatory counseling ofcandidates of (PIA Name) on (day and date), wherein I had counseled and recommended the potential candidates for undertaking trainings injob role. I am putting forth my recommendation to HPKVN for

granting approval for starting this batch with the recommended trainees in Job Role (QP Code) by (PIA Name) from this date____.

Total training hrs for the.....job role (QP code) would be . hrs (theory and practical included) and the (PIA Name) would take(2/4/6/8 hr) sessions/ day to complete the stipulated training hours. Copy of Annexure A, B, C and D is attached along with the recommendation letter.

The list of trainees, duly signed by the Concerned Official / Trainer / of (PIA Name) is enclosed here with for your approval.

Yours Sincerely,

Name-

Signature of SPOC

Enclosure:

1. List of trainees

Cc: Copy to PIA & District Coordinator

Annexure F: Invoice Format for PIA (On official letter head)

Supplier Details		Recipient Details	
Invoice No:		Managing Director	
Invoice Date:		Himachal Pradesh Kaushal Vikas Nigam	
Address:		Address:	
PAN No of PIA:		PAN No of PIA:	AADCH7194Q
GST No of PIA:		GST No of PIA:	02AADCH7194Q1Z2
Scheme Name:	HPSDP program		
Invoice: (Instalment No.)	Invoice for 30% 1 st Tranche of Training Cost for batch no.____ of Job role Name_____		
Bank Account Details of PIA:	Account No:		
	IFSC Code:		
	Branch Address:		

Batch Details

Location of Training Centre (TC)		District of Training Centre (TC)	
Batch No: (eg, B1, B2...)		Job role name and QP Code	
Batch ID:			
Batch Start Date:		Batch End Date:	
Job role Category (As per Common Cost Norms)		Course Duration (Hr.)	

Invoicing Details:

Total Course Duration (Approved by SSC)	No of Candidates	Rate (per hour/candidate) as per common norms	Total Training Cost (A)
Total Training Cost(A)			
1st tranche(30% of total cost) amount(B)			
Adjustments for Drop Outs/Failed Candidates (if applicable inclusive of GST paid)			
Net Amount after Adjustment			
Add: GST @ 18% ©			
Net Amount Claimed:(Rs)			
Net Amount Claimed:(In Words)			
PIA Name		Authorised Signatory & Stamp	

Remarks of HPKVN SPOC: Bill verified and recommended for payment of INR.
(Amount in words)

Name of HPKVN SPOC:

Signature:

Date:

Declaration: It is to be stated that all the particulars & figures mentioned above are true and correct.

Name of SPOC (PIA):

Mobile:

Signature:

Date: