



ಕೌಶಲ್ಯ ಕರ್ನಾಟಕ  
KAUSHALYA KARNATAKA



Note:

Before submitting proposal:

- Please provide the self-assessment of training provider and training centre along with the proposal.
- (Hard copy duly signed along with soft copy )
- Executive summary of proposal to be provided as mentioned below.

Date :

# Part 1: Training Provider Self-Assessment

Name of Training Provider:

Name:

☎ Ph:

Email ID:

Website :

Sl. No	Document	Copy Furnished Yes / No / NA	Details	Page No	Remark																											
1.	Training Provider/Organization/ Institute Information		<ul style="list-style-type: none"> <li>• Background of Organization/Institute</li> <li>• Past Experience in Skill Training</li> <li>• Any previous Scheme implemented</li> <li>• Current States of Operation</li> </ul>																													
2.	TP Name & Address proof		Address Proof documents copy enclosed Annexure –																													
3.	TP Contact Person		<ul style="list-style-type: none"> <li>• Name :</li> <li>• Designation :</li> <li>• Mobile No :</li> <li>• E Mail ID :</li> </ul>																													
4.	Year of TP Incorporation:		..... Year of Incorporation Proof document copy enclosed																													
5.	TP Company/ Origination /Institution Registration		Local Govt / Body Registration Documents copy enclosed Annexure –																													
6.	TP's By-Law Copies Of Trust/Society/NGO (if applicable)		Documents enclosed Annexure –																													
7.	TP's 12 A & 80 G Certificate (if applicable)		..... Certificate Documents copy enclosed Annexure -																													
8.	TP : PAN, TAN, Aadhar, TIN & GST		<table border="1"> <tr> <td>PAN</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>TAN</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>TIN</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>GST</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Aadhar of MD/CEO</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> Documents enclosed Annexure -  <table border="1"> <thead> <tr> <th>Financial Year</th> <th>Income</th> <th>Profit/Loss</th> </tr> </thead> <tbody> <tr> <td>FY: -</td> <td></td> <td></td> </tr> <tr> <td>FY: -</td> <td></td> <td></td> </tr> <tr> <td>FY: -</td> <td></td> <td></td> </tr> </tbody> </table> Documents copy enclosed Annexure –	PAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TIN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aadhar of MD/CEO	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Year	Income	Profit/Loss	FY: -			FY: -			FY: -				
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GST	<input type="checkbox"/> Yes	<input type="checkbox"/> No																														
Aadhar of MD/CEO	<input type="checkbox"/> Yes	<input type="checkbox"/> No																														
Financial Year	Income	Profit/Loss																														
FY: -																																
FY: -																																
FY: -																																
9.	Financial Audit Report (Last 03 Years) (Latest Copy)																															

Sl. No	Document	Copy Furnished Yes / No / NA	Details				Page No	Remark										
10.	Bank Details (Name, Address & Account no, Branch code, IFSC code & MICR)		<i>Documents copy enclosed Annexure -</i>															
11.	Training Provider Type		<input type="checkbox"/> New TP		<input type="checkbox"/> Existing TP													
12.	TP Registered		Kaushalkar	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
			NSDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
			others	.....(specify)														
13	TP Registration Number		Kaushalkar	.....(specify)														
			NSDC	.....(specify)														
			others	.....(specify)														
			<i>Documents copy enclosed Annexure</i>															
14.	Affiliation with Sector Skill Council		<input type="checkbox"/> Yes		<input type="checkbox"/> No													
			<i>Documents copy enclosed &amp; List of SSC affiliation certificate copy enclosed Annexure-</i>															
15	Training Centres Relationship		TP Owned	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
			Franchised	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
			Others	.....(specify)														
			<b>If multiple TCs, Provide a list of Training Centres Name as follows</b>															
			<table border="1"> <thead> <tr> <th>Sl. No</th> <th>TC Name</th> <th>Owned</th> <th>Franchised</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Sl. No	TC Name	Owned	Franchised	Others	1.				
Sl. No	TC Name	Owned	Franchised	Others														
1.																		
2.																		
<i>Documents copy enclosed Annexure -</i>																		
17.	Type of Training Program		a)	Non-Residential Training Program	<b>Part-1</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
			b)	Residential Training Program	<b>Part-2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
18	Declaration <b>*Mandatory</b>		<b>Self-Declaration of not black listed by any of the Government bodies</b> <b>Self-Declaration Documents enclosed.</b> <i>Annexure -</i>															

Date :

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## Part 2: Training Centre Self-Assessment :

Sl. No	Document	Copy Furnished Yes / No / NA	Details	Page No	Remark						
1.	Training Centre Detail		<ul style="list-style-type: none"> <li>Name</li> <li>Address</li> <li>Email Address</li> <li>Phone no.</li> </ul>								
2.	Single Point Of Contact [SPOC] Details		<ul style="list-style-type: none"> <li>Name</li> <li>Designation</li> <li>Email Address</li> <li>Phone no.</li> </ul>								
3.	Training Centre NSDC Accreditation		<input type="checkbox"/> Yes <input type="checkbox"/> No								
			Documents copy enclosed Annexure –								
4.	TC Building Own / Rent		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Own</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Rent</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Own	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			Own	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
Documents copy enclosed Annexure –											
5.	TC Telephone/Broad Band Details		Documents enclosed Annexure –								
6.	TC Building Plan		Documents enclosed Annexure –								
7.	TC Electric Supply		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1Ø Supply _____K.W.</td> <td style="width: 50%;">3 Ø Supply _____K.W.</td> </tr> </table>	1Ø Supply _____K.W.	3 Ø Supply _____K.W.						
			1Ø Supply _____K.W.	3 Ø Supply _____K.W.							
Documents enclosed Annexure –											
8.	Sector and Job roles		<p>List the Job Roles and provide following details:</p> <ul style="list-style-type: none"> <li>Job Role/QP Name:</li> <li>QP Ref ID:</li> <li>Sector</li> <li>NSQF Level</li> <li>Bach Size</li> <li>Training Duration</li> </ul> & other Job Related Details								

Sl. No	Document	Copy Furnished Yes / No / NA	Details	Page No	Remark																				
9.	Training Centre Building Infrastructure as per Job role		<p><i>List the following Infrastructure details of each Training Centre:</i></p> <table border="1" data-bbox="596 389 1093 860"> <thead> <tr> <th data-bbox="596 389 890 432">Infra Details</th> <th data-bbox="890 389 1093 432">Available</th> </tr> </thead> <tbody> <tr> <td data-bbox="596 432 890 474">No of Classrooms</td> <td data-bbox="890 432 1093 474"></td> </tr> <tr> <td data-bbox="596 474 890 517">Classroom Area</td> <td data-bbox="890 474 1093 517"></td> </tr> <tr> <td data-bbox="596 517 890 560">No Of Labs/Workshops</td> <td data-bbox="890 517 1093 560"></td> </tr> <tr> <td data-bbox="596 560 890 602">Labs Area</td> <td data-bbox="890 560 1093 602"></td> </tr> <tr> <td data-bbox="596 602 890 645">Building Plan</td> <td data-bbox="890 602 1093 645"></td> </tr> <tr> <td data-bbox="596 645 890 687">Total Land Area</td> <td data-bbox="890 645 1093 687"></td> </tr> <tr> <td data-bbox="596 687 890 730">Total Built up area</td> <td data-bbox="890 687 1093 730"></td> </tr> <tr> <td data-bbox="596 730 890 772">Total Carpet Area</td> <td data-bbox="890 730 1093 772"></td> </tr> <tr> <td data-bbox="596 772 890 860">Basic Amenities ( Drinking water, Washroom &amp;Toilets )</td> <td data-bbox="890 772 1093 860"></td> </tr> </tbody> </table> <p><i>Documents copy enclosed</i> <i>Annexure –</i></p>	Infra Details	Available	No of Classrooms		Classroom Area		No Of Labs/Workshops		Labs Area		Building Plan		Total Land Area		Total Built up area		Total Carpet Area		Basic Amenities ( Drinking water, Washroom &Toilets )			
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Total Carpet Area																									
Basic Amenities ( Drinking water, Washroom &Toilets )																									
10	Faculty Qualification & Faculty Experience in Sector & Job role		<p><i>Staff details with supporting documents enclosed</i> <i>Annexure –</i></p>																						
11.	CCTV facilities at the Training Centre (Info about No of DVR/NVR Type & Model, No of cameras, Bill No with date. & Tin no.) With installation report Copies.		<table border="1" data-bbox="711 1088 1088 1151"> <tr> <td data-bbox="711 1088 860 1151">Working</td> <td data-bbox="860 1088 1088 1151"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p><i>Documents copy enclosed</i> <i>Annexure –</i></p>	Working	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
Working	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
12.	Biometric (Info about No of Biometric Type & Model, Bill No with date. & Tin no.) With installation report Copies.		<table border="1" data-bbox="711 1424 1088 1487"> <tr> <td data-bbox="711 1424 860 1487">Working</td> <td data-bbox="860 1424 1088 1487"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p><i>Documents copy enclosed</i> <i>(*Aadhar Enabled)</i> <i>Annexure –</i></p>	Working	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
Working	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
13.	List of Tools & equipment, Machinery (Info about Type Tools & equipment, Machinery, Quantity, Bill No with date & Tin no.) as per Job Role		<p><i>Documents copy enclosed</i> <i>Annexure -</i></p>																						

Sl. No	Document	Copy Furnished Yes / No / NA	Details	Page No	Remark
14.	Photograph		<i>Photographs Of Building , Lab/Workshop &amp; Classroom Tools &amp; equipment etc Copy enclosed Annexure –</i>		
15.	Hostel (In Case of Residential Training Program)		<i>Capacity, Infra &amp; Staff Documents enclosed Annexure –</i>		
16.	Employer Tie Ups As per Job Role		<i>List the Employer Tie-Ups based on job role –Self Declaration Documents enclosed Annexure –</i>		
17.	Any Other Information		<i>Supporting documents enclosed Annexure –</i>		

# Executive Summary of Proposal

## 1. Information about Organization/Training Provider

<b>Note:</b>
<i>Background of Organization/Institute/Company/Department</i> <i>Past Experience in Skill Training</i> <i>Any previous Scheme implemented</i> <i>Current States of Operation</i>
<p>➤ Above information must be provided both in Kannada( uses nudi fonts) (250-300 words) &amp; English (250-300 words)</p>

## Type of Training Program

a)	Non-Residential Training Program	:	Part-1 ("sÁUÀ-1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Residential Training Program	:	Part-2 ("sÁUÀ-2)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Part 1:

### a) Non – Residential Training Program : ( **Fill in specific information** )

2.1	Training Centre(TC) Address	:	For Multiple TC, Address of each TC enclosed in Annexure –	
2.2	Training Centre Building Infrastructure as per Job Role:	:	<b>The required and available Building Infrastructure for each TC as per Job Role</b> <i>( Details are specified separately with proposal and plan copy [ page no :     ] )</i> <b>Refer as Mentioned in Table –1</b>	
2.3	TC Building Status ( Own/Rental)	:	Own / Rental	
			The own or rent proved supporting documents are enclosed for each training Centre. <i>Annexure –</i>	
2.4	Proposed Total Target of Candidates	:	_____ Target of Candidates <i>Mentioned in Annexure –1 ,Table – 2 &amp; 3</i>	
2.5	Proposed Target Districts/Taluks (Covered)	:	<i>Mentioned in Table–2</i>	
2.6	Proposed Training Sector & Job role	:	<i>Mentioned in Table–3</i>	
2.7	Transport Facilities	:	For candidates to the TC – Private or Public	
2.8	Assessment Conducted by (As per Sector & Job role)	:	Own <input type="checkbox"/>	SSC <input type="checkbox"/>
			<input type="checkbox"/> Others Specify.....	
2.9	Assessment Fee (As per Sector & Job role)	:	Field	Per candidate per Job role
			Manufacture	Rs. ....
			Service	Rs. ....

2.10	Duration for completion of Training	:	_____ Month or Year
2.11	Teaching & Administrative Staff details	:	
2.12	Placement	:	<b>Min ..... % Employment Provided</b>
2.13	Post placement support	:	
2.14	Candidate Tracking Facilities	:	<i>Annexure –</i>
2.15	Accommodation (Optional)	:	
2.16	Food Facilities (optional )	:	<i>Annexure –</i>
2.17	Uniform (if applicable only)	:	
2.18	Any other information	:	



## Annexure -1

Table1:

Non Residential Training Program Infrastructure Details for each TC as per Job Role

( Fill in specific information )

Details of Training Centre - Non Residential Program Facilities	Available		
Total Land Area available for training :	<i>in sft/Sq.mts</i>		
Total Built-up Area available for training :	<i>in sft/Sq.mts</i>		
Number of Class Rooms :			
Class Rooms area :	<i>in sft</i>		
Number of Lab/ Workshops :			
Lab area/ Workshop area :	<i>in sft</i>		
Availability of CCTV Camera with Recording Facility & No. of cameras installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bio-metric ( Aadhar Enabled, an Specify Retina, Finger or Face recognition)			
Availability of Mess / canteen :			
Availability of 24 hour Security :			
Basic Amenities (Drink water / Washrooms & Toilets ) <b>*Mandatory</b>	Drink water	<input type="checkbox"/> Normal Filtered	<input type="checkbox"/> RO Purifier
	Wash Rooms	<input type="checkbox"/> Common ( Male)	<input type="checkbox"/> ? ( Female)
	Toilets	<input type="checkbox"/> Common ( Male)	<input type="checkbox"/> ? ( Female)
Plan copy :	<i>Enclosed copy</i>		

Table 2:

District-Wise Training Locations: Non Residential Training Program

Sl. No	Districts Name	No. of Taluks	No. of Training Centres	No. of Sector	No. of Job role	Target No of Candidates
a)						
b)						
c)						
d)						
Total						



### 3. Part 2:

#### b) Residential Training Program

3.1	Training Centre(TC) Address :	<i>For Multiple TC, Address of each TC enclosed in Annexure –</i>		
3.2	Training Centre Building Infrastructure as per Job Role:	<b>The required and available Building Infrastructure for each TC as per Job Role</b> <i>( Details are specified separately with proposal and plan copy [ page no :     ] )</i> <i>Refer as Mentioned in Annexure - 2, Table – 4</i>		
3.3	TC Building Status ( Own/Rental) :	Own / Rental		
		The own or rent proved supporting documents are enclosed for each training Centre. <i>Annexure –</i>		
3.4	Proposed Total Target of Candidates :	_____ Target of Candidates <i>Mentioned in Annexure –2 ,Table –5 &amp; 6</i>		
3.5	Proposed Target Districts/Taluks (Covered)	<i>Mentioned in Table–5</i>		
3.6	Proposed Training Sector & Job role	<i>Mentioned in Table–6</i>		
3.7	Transport Facilities :	For candidates to the TC from hostel: Private or Public		
3.8	Assessment Conducted by (As per Sector & Job role)	Own <input type="checkbox"/>	SSC <input type="checkbox"/>	<input type="checkbox"/> Others Specify.....
3.9	Assessment Fee (As per Sector & Job role)	Field	Per candidate per Job role	
		Manufacture	Rs. ....	
		Service	Rs. ....	
3.10	Duration for completion of Training :	_____ Month / Year		
3.11	Teaching & Administrative Staff details :			
3.12	Placement :	<b>Min ..... % Employment Provided</b>		
3.13	Post placement support :			
3.14	Candidate Tracking Facilities :	<i>The candidate tracking by own as mentioned in Annexure –</i>		
3.15	Accommodation	<i>Accommodation provided Annexure –</i>		
3.16	Food Facilities :	<i>We provide food to the candidate by own as mentioned in Annexure –</i>		
3.17	Uniform (if applicable only) :			
3.18	Any other information :			

## Annexure -2

Table 4:

### Residential Facilities (For both Males & Females)

a)

No	Details For Residential Facilities details for Males	Available		
1	Total Area (In Sq.ft/Sq.mts) :			
2	Number of Rooms:			
3	Residential Capacity :			
4	Availability of CCTV Camera with Recording Facility in Residential Facility :			
5	Availability of Warden :			
6	Availability of Mess :			
7	Availability of 24 hour Security :			
8	Basic Amenities: ( Washrooms, Toilets, Water & Electricity Backup)	Drink water	<input type="checkbox"/> Normal Filtered	<input type="checkbox"/> RO Purifier
		Wash rooms	<input type="checkbox"/> Common	___? ( Male) ___? ( Female)
		Toilets	<input type="checkbox"/> Common	___? ( Male) ___? ( Female)

b)

No	Details For Residential Facilities details for Females	Available		
1	Total Area (In Sq.ft/Sq.mts) :			
2	Number of Rooms :			
3	Residential Capacity :			
4	Availability of CCTV Camera with Recording Facility in Residential Facility :			
5	Availability of Warden :			
6	Availability of Mess :			
7	Availability of 24 hour Security :			
8	Basic Amenities: ( Washrooms, Toilets, Water & Electricity Backup)	Drink water	<input type="checkbox"/> Normal Filtered	<input type="checkbox"/> RO Purifier
		Wash rooms	<input type="checkbox"/> Common	___? ( Male) ___? ( Female)
		Toilets	<input type="checkbox"/> Common	___? ( Male) ___? ( Female)

