KARNATAKA SKILL DEVELOPMENT CORPORATION

(Govt. of Karnataka undertaking) "Kaushalya Bhavan" 3rd Floor, Near Dairy Circle, Bannerghatta Road, Bengaluru 560029, Phone: 080-29522222/29550555 E-mail: eoi rfp@kaushalkar.com

EXPRESSION OF INTEREST

Karnataka skill Development Corporation (KSDC) is proposing to impart Skill training programmes for **6460 SC Youth Candidates** in respect of the following Sectors in all Districts of Karnataka given below:

l. No	OPs	Target	
1			In all the Districts of
1.	Assistant Electrician450CNC Operator/ Machine Technician L360		
2.			Karnataka
3.	Field technician- Computing & peripherals	1750	
4.	Sewing Machine Operator	3000	
5.	Retail Sales Associate	750	
6.	Goods and Service Tax Accounts Assistant	450	
	Total	6460	

Karnataka skill Development Corporation is inviting **Expression of Interest** from the interested and Accredited Training Partners under Karnataka skill Development Corporation to impart training in the above-mentioned sector with the following terms & conditions:

- 1. The Training partners in all the districts **who are accredited in** Karnataka skill Development Corporation.
- 2. Training centres will be selected on the basis of Accreditation obtained according to the norms of Karnataka skill Development Corporation.
- 3. To mandatory and ensure that after the completion of the Training the placement of the trained candidates either in wage employment or in self-employment should be at least 70%.
- 4. Wide publicity should be given before starting the training programme. Beneficiaries shall be selected by inviting the Application from the eligible beneficiaries.
- 5. The beneficiaries should compulsorily satisfy the eligibility criteria fixed by the Skill Development Department to get the benefits of this scheme (like age caste, income etc.,) The Beneficiary must belong to Scheduled castes list of Karnataka. The beneficiary must compulsorily produce SC caste certificate.
- 6. Training Providers must provide the Letter of intent (LoI) towards placement criteria and preference will be given to TPs who have submitted LoI while allocating batches.
- 7. The accredited Training providers must submit the documents as per the checklist available in the website <u>https://www.kaushalkar.com</u> and **submit the hard copy of the documents to this office** and e-mail soft copies to eoi_rfp@kaushalkar.com
- 8. The last date for submission of the documents which are to be submitted is on or before 22.04.2022 evening 5:30 PM. The documents received after the due date will not be considered.
- For further Details please visit <u>https://www.kaushalkar.com</u> or contact Telephone No: 080-29522222 / 29550555

Managing Director

Date: 23.03.2022

Check List:

Sl. No.	Check List/ Document Description		
1.	Covering Letter as per Annexure 1 of EoI document		
2.	TP and TC Details as per Annexure 2 of EoI document		
3.	Certificate of the Proprietorship/ Partnership Deed/ Incorporation of Company & Memorandum & Articles of Association / Registration of Society / Trust / Association (Copy)		
4.	Pan Card (Copy)		
5.	Income Tax Return Acknowledgement Copy		
6.	TP's Financial Details as per Annexure 3		
7.	TP's Training & Placement Details along with supporting document as mentioned in Annexure 4 of EoI Document		
9.	Declaration for not being blacklisted as per Annexure 5 of EoI Document		
10.	Power of attorney in favour of authorized signatory for signing the EoI application		
12.	Letter of Intent as per Annexure 6		

ANNEXURE-1

COVER LETTER

(On the letterhead of the Training Partner)

Date:

To Managing Director Karnataka Skill Development Corporation 3rd Floor, Kaushalya Bhawan Near Dairy Circle, Bannerghatta Road Bangalore – 560 029

Sub: Response to EoI for Implementation of SCA to SCSP scheme's Skill Development Programme

Ref: EoI.: dated

Dear Sir/Ma'am,

- 1. With reference to the EoI document dated we, have examined the EoI document and understood its contents and hereby submit our application for the aforesaid Project. The application is unconditional.
- 2. We acknowledge that for evaluation of proposal the information provided in the application and the documents accompanying the application for selection will be relied upon, and we certify that all information provided herein is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying the application are true copies of their respective originals.
- 3. We shall make available any additional information if found necessary or required to supplement or authenticate the application.
- 4. We acknowledge that the Evaluation committee has complete right to reject our application without assigning any reason.

5. We declare that:

- a) We do not have any conflict of interest in accordance with this document
- b) 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, in respect of any

tender or request for qualification issued by or any agreement entered with the Authority or any other public-sector enterprise or any Government, Central or State; and

- 6. We understand that you may cancel the process at any time and that you are neither bound to accept any application that you may receive nor to invite the applicants to apply for the Project, without incurring any liability to the applicants.
- 7. We undertake that in case of any change in facts or circumstances during the application process, we are attracted by the provisions of disqualification in terms of this EoI and shall intimate the Authority of the same immediately.
- 8. We acknowledge that <<fill: name of Training Partner Organization>>, being a <<fill: company/trust/ partnership firm/society>> is qualified based on Qualification required as per the EoI.
- 9. We hereby irrevocably waive any right which we may have at any stage of law or howsoever otherwise arising to challenge or question any decision taken by the Evaluation Committee for evaluation of proposal in connection with the selection of the applicant, or in connection with the selection/ application process itself, in respect of the above-mentioned Project and the terms and implementation thereof.
- 10. We agree and understand that the selection is subject to the provisions of the application documents. In no case, we shall have any claim or right of whatsoever nature if the Project is not awarded to us or our application is rejected or not opened.
- 11. We agree and undertake to abide by all the terms and conditions of the EoI.

Yours faithfully,

Date: (Signature, Name and Designation of the Authorized Signatory)

Place: (Name and Seal of the Organization)

ANNEXURE-2

TRAINING PROVIDER & TRAINING CENTRE DETAILS

S. No.	Description	Details
1.	Name of Legal Constitution of Training Partner	
2.	Status / Constitution of the Firm	
3.	Name of Registering Authority	
4.	Registration Number	
5.	Date of Registration	
6.	Place of Registration	

For each Skill Development Centre:

Sl. No.	Particulars	Description	
1.	District/City		
2.	Name of the Training Centre		
3.	Full address & telephone number		
4.	Nearest Landmark		
5.	Number of Sectors covered		
6.	Number of Job roles		
7.	Number of Classrooms		
8.	Capacity per Class room (Nos.)		
9.	Number of Practical Labs/rooms		
10.	Separate wash rooms for Boys & Girls (Yes/No)		
11.	Lab infrastructure available		
	Address of residential facility (if applicable)		
12.	 Residential accommodation capacity – Boys (If applicable) 		
	 Residential accommodation capacity – girls (If applicable 	1. A	

For and on behalf of: Signature: Name: Designation: (Company Seal) (Authorized Representative and Signatory) Date:

Note: Please provide copy of the registration certificate from the appropriate Registering Authority as given below:

If Proprietorship Firm

- Copy of Certificate of the Proprietorship duly certified by a Chartered Accountant.
- copy of trade license/sales tax registration/IT registration

If Partnership Firm /LLP

• Copy of Registered Partnership Deed / Certificate of the Partnership duly certified by a Chartered Accountant.

If Public/ Private Limited Company

• Copy of Registration/Incorporation Certificate and Memorandum & Articles of Association.

If Society / Trust / Association

• Copy of Registration Certificate & Bylaws of Society / Trust / Association.

Note: In addition to above registration certificate, Training partner needs to submit the copy of PAN Card and GST registration certificate.

ANNEXURE-3

FINANCIAL DETAILS

<< Declaration by Chartered Accountant on Letterhead with his/her dated Sign & 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 in past three consecutive financial years (2018-19, 2019-20, 2020-21) is not less than Rs. 50 lakhs. The details of annual turnover are mentioned below:

Sl. No.	Financial Year	Total Turnover (IN INR)
1.	2018-19	
2.	2019-20	
3.	2020-21	

Net worth:

(Must be positive and not less than 20 lakhs)

<< Chartered Accountant:

Signature

Name

Registration No

Contact No.

Seal >>

Date:

ANNEXURE- 4

TRAINING AND PLACEMENT DETAILS

Financial Year	Total No. of Candidate Trained	Details of supporting proof provided	Total No. of Candidate Placed	Details of supporting proof provided
2018-19				
2019-20				
2020-21				

For and on behalf of:

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date:

Notes:

Please provide Supporting proof as given below:

For Trainings conducted self-attested copies of any of the following documents:

- Certificate from Government bodies or international funding agencies indicating experience in conducting similar 'Placement Linked Training Programme' in the related field of Sector with number of youths trained (self-attested printouts of verifiable information from Government or agency OFFICE/websites or from the funding agencies will be accepted)
- Copies of relevant pages of the fee register attested by a Chartered Accountant.

For Placements conducted self-attested copies of any of the following documents:

- Certificate from Government bodies indicating experience in conducting 'Placement Linked Training Programme' in the related field of Sector with number of youths placed (self-attested printouts of verifiable information from Government websites will be accepted)
- Letter from the employer confirming employment of Trainees from the institute or agency clearly indicating the date of recruitment, numbers recruited and sector/category of work.
- Original Certificate by a Chartered Accountant defining the number of youth placed by Training Provider during each last three (3) yrs.

ANNEXURE: 5

DECLARATION FOR NOT BEING BLACKLISTED

DECLARATION

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

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For and on behalf of:

Signature:

Name:

Designation:

(Company Seal)

(Authorized Representative and Signatory)

Date

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ANNEXURE: 6

LETTER OF INTENT (LoI)

То

Name of the Recipient Designation Name of the Training Partner Registered Office Address

Subject: Partnering with <<fill: name of Training Partner Organization>> for Placement of Skilled Youth

Dear Sir/Madam,

- 1. We are pleased to know that KSDC is enthusiastic on **Supporting Human Capital Development through Skill development programmes under Kaushalya Karnataka** to skill and place the unemployed youth of Karnataka state. This project surely sound promising and a great stepping-stone to bring the youth and corporate house on a common platform.
- 2. We foresee following types of employment/ Job roles within our industry:

Sector	Job Role	Estimated requirement per
		year

3. We are in constant need of skilled and trained staff for our business to the tune of aboutnumbers in above-mentioned roles. We are issuing the LoI to the Training Provider to train the youth as per our requirement.

For and on behalf of: Signature: Name: Designation: (Company Seal) (Authorized Representative and Signatory) Date