**Annexure A**

**List of MES Courses Mapped to Capital Goods Sector**

|  |  |  |  |
| --- | --- | --- | --- |
| **MES Sector** | **MES Course Code** | **MES Course Name** | **NSQF Level** |
| Fabrication | FAB701 | Arc and Gas Welder | 3 |
| Fabrication | FAB702 | TIG Welder | 3 |
| Fabrication | FAB703 | CO2 Welder | 3 |
| Fabrication | FAB706 | Welder (Repair & Maintenance) | 3 |
| Fabrication | FAB708 | Pipe Welder (TIG & MMAW) | 3 |
| Fabrication | FAB209 | Sheet Metal Worker (Panels, Cabins & Ducts) | 2 |
| Fabrication | FAB704 | ARC & MIG Welder | 3 |
| Production and Manufacturing | MAN701 | Turning | 4\* |
| Production and Manufacturing | MAN702 | CNC Turning | 3 |
| Production and Manufacturing | MAN703 | Milling | 3 |
| Production and Manufacturing | MAN704 | CNC Milling | 3 |
| Production and Manufacturing | MAN705 | Drafting (Mechanical) | 3 |
| Production and Manufacturing | MAN706 | Grinding | 3\* |
| Production and Manufacturing | MAN708 | Quality Inspector | 3\* |
| Production and Manufacturing | MAN711 | CNC Machine Tool Maintenance | 4\* |

**Annexure B**

**Overall Evaluation Matrix for Assessment Agencies for Empanelment with CGCS**

**Evaluation Matrix for AAs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **Parameter** | **Max** | **Criteria** |  | **Weightage Points** |  |  |
| **No.** | **Points** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Overall |  | Number of | More than 10 Years | 5 to 10 Years | Upto 5 Years |  |
| I | 15 | Years in |  |  |  |  |
| Experience | 15 | 10 | 7 |  |
|  |  | assessment |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Experience in |  | Number of | More than 5 Years | 3 to 5 Years | Upto 3 Years |  |
| Ii | 10 | Years in |  |  |  |  |
| sector | 10 | 08 | 06 |  |
|  |  | assessment |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Candidates |  |  | More than 25,000 | 10,000 to 25,000 | Upto 10,000 |  |
| Iii | 10 | In last 3 years |  |  |  |  |
| Assessed |  |  |  |  |
|  |  |  | 10 | 7 | 5 |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | Will be |  |  |  |  |
| Iv | Assessment | 10 | determined | Subjective score based on rigour and innovation of approach and | | |  |
| Methodology | by evaluation | methodology |  |  |  |
|  |  |  |  |  |
|  |  |  | committee |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Affiliation with |  |  | More than 5 | 3 to 5 Organisations | 1-2 |  |
|  | Govt. |  | Affiliated with | Organisations | Organisation(s) |  |
|  |  |  |  |
| V | Organization | 10 | minimum 1 |  |  |  |  |
|  |  |  |  |
|  | (GoI or State |  | organization | 10 | 7 | 5 |  |
|  | Skill Missions) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parameter** | **Max** | **Criteria** |  | **Weightage Points** |  |  |
| **No.** | **Points** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | More than 10 States | 4 to 10 States | 3 States |  |
|  |  |  | Minimum |  |  |  |  |
|  | Geographic |  |  |  | 5 |  |
| Vi | 10 | presence in 3 |  |  |  |
| Presence |  |  |  |  |
|  |  | States/UT | 10 | 7 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Affiliated with |  | Minimum | More than 5 SSCs | 4 or 5 SSCs | 3 SSCs |  |
| Vii | 05 | affiliation with 3 |  |  |  |  |
| other SSC |  |  |  |  |
|  |  | SSCs | 5 | 3 | 2 |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Online Computer | Offline Computer | Pen-Paper mode |  |
|  | Mode of |  |  | based | based |  |
|  |  | Assessment |  |  |
|  | assessment – |  |  |  |  |  |
| Viii | 20 | Modalities and |  |  |  |  |
|  | Tablets/Pen and |  | Geo tagging |  |  |  |  |
|  | Paper |  | 20 | 12 | 5 |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Real time Online |  |  |  |
|  | Monitoring |  | Continuous | Video-Audio | Standalone Video- | Visits by Proctors |  |
|  |  | Monitoring & | Audio Records |  |
| Ix | Mechanism of | 10 | Monitoring of |  |  |
| Recording |  |  |  |
|  | assessments |  | the Assessment |  |  |  |
|  |  |  |  |  |  |
|  |  | 10 | 5 | 3 |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Number of |  | Based on | More than 5 Experts | 3 to 5 Experts | Upto 2 Experts |  |
|  | Subject Matter |  |  |
|  |  |  |  |  |  |
| X | 20 | evaluation of |  |  |  |  |
| Experts on |  |  |  |  |
|  |  |  |  |
|  | company’s |  | CVs |  |  |  |  |
|  |  |  | 20 | 12 | 8 |  |
|  | payroll |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Number of |  |  | More than 25 | 10 to 25 Assessors | Upto 9 Assessors |  |
|  |  |  | Assessors |  |
| Xi | Assessors on | 10 | No. of Assessors |  |  |  |
|  |  |  |  |
|  | payroll |  |  | 10 | 7 | 5 |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | More than 25 | 11 to 25 Employees | Upto 10 Employees |  |
|  |  |  |  | Employees |  |
|  | Number of full |  | No. of full time |  |  |  |
| Xii | 10 |  |  |  |  |
|  |  |  |  |
|  | time employee |  | employee |  |  |  |  |
|  |  |  |  | 10 | 7 | 3 |  |
|  |  |  |  |  |  |  |  |
|  |  |  | Continuous | More than 5 Years | 3 to 5 Years | Upto 3 Years |  |
|  | Valid ISO |  | Years in service |  |
| Xiii | 10 |  |  |  |  |
| Certification | with ISO |  |  |  |  |
|  |  |  |  |
|  |  |  | Certification | 10 | 7 | 5 |  |
|  |  |  |  |  |  |  |  |
|  | **Grand Total** | **150** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Annexure C**

**Form 1 - Self-Declaration by the Assessment Agency**

(To be filled by the Administrator of the AA in his own hand)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Commitment** | **If Yes,** |  |
| **SN** | **Current Business Status** | | **(delete not** | **please furnish full** | **Remarks** |
|  |  |  | **applicable)** | **details** |  |
|  |  | |  |  |  |
| 1 | Are you a Training Partner in the Skill Eco | | YES / NO |  |  |
|  | System? |  |  |  |  |
|  |  | |  |  |  |
| 2 | Are you an Income Tax Payee? | | YES / NO |  |  |
|  |  | |  |  |  |
| 3 | Are you a registered legal entity in India? | | YES / NO |  |  |
|  |  | |  |  |  |
| 4 | Have you ever been rejected for affiliation | | YES / NO |  |  |
|  | by any SSC? |  |  |  |  |
|  |  | |  |  |  |
| 5 | Do you have any linkages with any other | | YES / NO |  |  |
|  | organisation in the assessment domain? | |  |  |  |
|  |  | |  |  |  |
| 6 | Have you ever been engaged in assessment | | YES / NO |  |  |
|  | operations in past or present with a | |  |  |  |
|  | different entity? |  |  |  |  |
|  |  | |  |  |  |
| 7 | Do you have necessary financial | | YES / NO |  | Please attach last 3 years |
|  | resources for the operation of skills | |  |  | balance sheet. |
|  | assessment including associated | |  |  |  |
|  | liabilities? |  |  |  |  |
|  |  | |  |  |  |
| 8 | Do you have a Web Site of your own? | | YES / NO |  |  |
|  |  | |  |  |  |
| 9 | Do you have Assessors affiliated to your | | YES / NO | On payroll\_\_\_\_\_\_\_\_ | Please give total numbers |
|  | AA? |  |  | On Long Term |  |
|  |  |  |  | Contract\_\_\_\_\_\_\_ |  |
|  |  | |  |  |  |
| 10 | How many of your Assessors are | | YES / NO | On payroll\_\_\_\_\_\_\_ | Please give total numbers |
|  | undertaking multiple sector assessments? | |  | On Long Term |  |
|  |  |  |  | Contract\_\_\_\_\_\_\_ |  |
|  |  | |  |  |  |
| 11 | If granted affiliation, do you have the | | YES / NO |  | If yes, please give the |
|  | capability to undertake On-line assessment | |  |  | details of the availability |
|  | with immediate effect? |  |  |  | of software and hardware |
|  |  |  |  |  | to undertake the |
|  |  |  |  |  | assignment. |
|  |  | |  |  |  |
| 12 | Do you have the capability to develop | | YES / NO |  | If yes, please give the |
|  | question bank for | On-line |  |  | details of available |
|  | assessment? |  |  |  | subject experts with the |
|  |  |  |  |  | agency. |
|  |  | |  |  |  |
| 13 | Are you affiliated with DGET & State | | YES / NO |  |  |
|  | sponsored schemes? |  |  |  |  |
|  |  |  |  |  |  |

7

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | Are you affiliated with any other SSCs/ | YES / NO |  |  |
|  | other recognized Agencies having capacity |  |  |  |
|  | to carry out assessments for the job roles |  |  |  |
|  | applicable to the SSC? |  |  |  |
|  |  |  |  |  |
| 15 | Have you ever been subject to legal action | YES / NO |  |  |
|  | in the case (s) of malpractices and unfair |  |  |  |
|  | conduct? |  |  |  |
|  |  |  |  |  |
| 16 | Have you ever been banned /suspended | YES / NO |  |  |
|  | for the services offered by you? |  |  |  |
|  |  |  |  |  |



**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name),**

**S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ r/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Mobile**

**No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby declare that I have furnished the above details to the**

**best of my ability and knowledge and I fully understand that any incorrect information will render my agency disqualified for affiliation. If granted affiliation, I do also agree to meet the other operational conditions as laid down by the SSC for the conduct of assessment.**

Date:

Place (Authorised Signatory with stamp)

**Annexure D**

**Form: 2 Number of years of existence**

**Legal Constitution of Applicant**

**(Registered Public Limited/ Private Limited Company/ Registered Society/ Trust/ Association/ Trade Body/ Registered Educational Institution/ University/ Partnership Firm)**

Type of the Bidding Entity

Name of Registering Authority

Registration Number

Date of Registration

Place of Registration

For and on behalf of: (Company Seal)

Signature:

Name:

Designation:

Note:

1. Please provide copy of the registration

certificate

from

the

appropriate

Registering Authority.

1. Please provide details of first assessment conducted to ascertain the number of years of experience in specific sectors.

**Annexure E**

**Form: 3 Financial Standing – Annual Turnover**

Certificate from the Chartered Accountant/Audit Firm regarding Annual Turnover from assessment programs in India of the applicant in the immediately preceding 3 financial years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Year | ending | Turnover | From | Assessment |
| 31st March |  | activities (Rs. Lakh) | |  |
|  |  |  |  |  |
| 2015-16 |  |  |  |  |
|  |  |  |  |  |
| 2016-17 |  |  |  |  |
|  |  |  |  |  |
| 2017-18 |  |  |  |  |
|  |  |  |  |  |

Name of the audit firm/Chartered Accountant:

Seal of the audit firm:

(Signature, name and designation and registration Number of the Chartered accountant/ audit firm)

Date:

Note: Please provide certified copies of audited financial statements of the firm for the immediately preceding two financial years. In the event the Financial Statements for the year 2014-15 are unaudited, provisional financial statements duly certified by Chartered Accountant/audit firm may be submitted.

**Annexure F**

**Form: 4 Details of candidates Assessed**

Details of the assessments completed in last 3 years by the Applicant. The Applicant should have assessed minimum 10,000 candidates in total and at least 1000 in the SSC specific Sector for which affiliation is sought. Information to be furnished in modules pertaining to vocational skills courses/ modules notified by NCVT/SCVT/Sector Skills Council or recognized by any state or central government

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Details of** |  |
|  |  |  | **Location of** |  | **Supporting** |  |
| **S. No** | **Project** |  | **Project Details** | **Proof** |  |
| **FY** | **Project (State)** |  |
|  |  |  |  | **Provided with** |  |
|  |  |  |  |  |  |
|  |  |  |  |  | **Page number** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

For and on behalf of: (Company Seal)

Signature:

Name:

Designation:

(Authorized Representative and Signatory)

**Annexure G**

**Form: 5 List of States for empanelment**

This form shall contain the information of states where the applicant is applying for getting empanelled. The previous operations in the states shall be present here with sufficient proof.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **State Name** | **Number of assessors** | **Number of** |  |
|  | **based on in this** |  |
|  |  | **centres/ office/** |  |
| **S.No** |  | **state and are** |  |
|  | **operations in the** |  |
|  |  | **engaged by the** |  |
|  |  | **State** |  |
|  |  | **Applicant (Job Roles Wise)** |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  | 1. Job Role A… 2. Job Role B… 3. Job Role C … |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For and on behalf of: (Company Seal)

Signature: Name:

Designation:

(Authorised Representative and Signatory)

**Annexure H**

**Pre-requisite for Selection of AAs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Heading** | **Sub Heads** | **Response (Yes/No)** | **Brief Details** |
| **I** | **Legal Existence** | Is the AA a legal entity? (company or society but not firms, proprietorship or individuals; limited liability partnerships (LLPs) |  |  |
| **II** | **Assessors** | a) Does the AA have a roll / panel of assessors for Capital Goods Sector? |  |  |
|  |  | b) Do the Assessors meet the basic requirements of CGSC Assessment Protocol paragraph number 17.3.3 and paragraph 22 (<http://www.cgsc.in/Assesment_%20Protocol_Assessing_Agencies.pdf> |  |  |
|  |  | c) Does the AA have a roll / panel of assessors with state-wise details (assessors’ name, qualifications, experience and photograph along with the details of assessor affiliations with multiple SSCs) readily available? |  |  |
|  |  | d) Can the assigned assessor(s) reach the assessment venue within 24 hours while retaining the ability to conduct assessment? |  |  |
|  |  | e) Do the assigned assessor(s) have the ability to conduct assessment in regional languages? |  |  |
| **III** | **Assessment Process** | a) Does the AA have an expertise to carry out online assessments with state-of-art technology deployment? |  |  |
|  |  | b) Does the AAs possess the ability to develop the assessment process and tools for different training courses with ability for continuous improvement.? |  |  |
|  |  | c) Does the AA have the ability to maintain and preserve the assessment process records and details pertaining to candidates registered, tested, passed, centres, assessors, etc, for at least 5 years or till the validity of any scheme (whichever is later)? |  |  |
|  |  | b) Is the AA at any point in time willing to share the online access of the records CGSC? |  |  |
|  |  | d) Is the AA willing to modify its assessment process including evidence collection and recording methods, if required, as per the specific requirements of CGSC? |  |  |
| **IV** | **Geographic Spread** | a) Does the AA have state offices to coordinate state level assessments? If yes, specific the names of the states. |  |  |
| **V** | **Organization Structure** | a) Does the AA have a structured mechanism for Governance including a well-defined process for affiliation of assessors either on its payroll or on long-term contracts.? |  |  |
|  |  | b) Does the AA have assessment coordination team on its payroll with required capacity and experience to mentor, supervise, plan the assessment strategy and to guide the team of assessors? |  |  |
|  |  | c) Does the AA have a well structured and documented staff capacity building strategy including programme for internal training of assessors? |  |  |
| **VI** | **Conflict of Interest** | Does the AA have any Governance linkages with other stakeholders in skill ecosystem which may hamper independence or generate any conflict of interest? |  |  |

For and on behalf of: (Company Seal)

Signature: Name:

Designation:

(Authorised Representative and Signatory)

**Annexure I**

**CERTIFICATE**

I, the undersigned, certify that to the best of my knowledge and belief, the details provided in the Application have been correctly described me. I understand that any wilful misstatement described herein may lead to the cancellation of the empanelment of the Assessment Body <Name of AA> at any time during and after the process of empanelment.

Date: …. Nov 2018 <Assessment Agency’s (Authorised Signatory)

Place: Round Stamp> Name:

Designation: