**Annexure A**

### Sample of the Covering Letter of the Application to Affiliate with CGSC as an Assessment Agency

**(On the Letter Head of the Company)**

To,

Capital Goods Skill Council

L-29 C/o, Awfis

Connaught Place

**New Delhi – 110001 Date:**

**Re: Application for Accreditation of Assessment Body with CGSC**

1. We are an Assessing Body with necessary experience and expertise in the Capital Goods Sector /Manufacturing sector and hereby apply for Accreditation with CGSC vide our attached application.
2. We desire to apply for Accreditation as Assessing Agency for the following job roles and geographical space:-
	1. …
	2. …
	3. …
	4. …
3. We are aware of rules and conditions of CGSC and agree to abide by them and also any other rules that may be framed from time to time. We also agree to allow CGSC or any other representative of it to investigate correctness of information furnished by us or call for any further information in this regard from us.
4. Information provided by the company is true to the best of my knowledge and belief and I understand that we are liable for action under the law for any false information or document submitted by us. We also understand that CGSC reserves the right to accredit us.
5. A demand draft number ………………………… dated for Rs 10,000 (Ten thousand only)

is enclosed.

Kind Regards

(Signature of authorized signatory) Name

Designation Contact Number Email id:

**Annexure B**

**Capital Goods Skill Council**

**APPLICATION FORM FOR ACCREDITATION AS ASSESSMENT BODY**

**(All pages of annexure B wil be stamped and signed by the applicant organisation duly signed and stamped on all pages)**

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| --- |
| **For Office use only** |
| **Reference ID** |  |
| **Date of accreditation** |  |

1. **Brief Profile**

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| **S. No** | **Details** | **Information** |
| **1** | Name of Assessment Agency |  |
| **2** | Date of registration/Incorporation andnumber |  |
| **3** | Name and Designation of Head of the Agency |  |
| **4** | Name and Designation of Contact Person |  |
| **5** | Address |  |
| **6** | Phone Number |  |
| **7** | Fax Number |  |
| **8** | Email Address |  |
| **9** | Website |  |

1. **Do you have a well-defined Organization Structure (Organogram) of the company with details of roles and responsibilities?**

◌NO

◌ YES (If YES, Please attach organogram as Annexure (mandatory) along with brief profiles of the key people.

1. **Financials**

◌ Turnover and Audited account statement of last three years (Attach photocopy of relevant documents (mandatory)): ..........................

◌ PAN/TAN Card Number (Attach photocopy of relevant documents (mandatory)): ............

1. **Details and Proof of Accreditation/Empanelment with DGET/ SSC/ Other recognised body:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No.  | Name of Organization | Month - Year | Sector | Trades for which Affiliated | Date of Accreditation and Certification Validity | Total number of assessments completed | % of students successfully cleared assessment | Evidence Attach(Yes/No) |
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1. **Operations:**

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| --- | --- | --- | --- |
| **S.No** | **Job roles** | **Number of Assessors** | **States** |
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1. **Details of few Assessors relevant for Capital Goods Sector /Manufacturing (Please attach a sample contract for reference) \***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Assessor | Jobroles | Academic/ Qualification | Permanent/ Contractual | District/State | Language Known | Operational Knowledge of Computer (including MS Word, Excel, Internet Etc.) | Experience (in Years) | Total number of Assessment Completed | Total number of Candidates Passed  |
| Industry | Education/ Training | Assessment in Capital Goods Sector (Trade and Number of Years Each) |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Details of the subject matter experts relevant to the Capital Goods Sector/Manufacturing Sector**

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| Sr. No. | Name of Assessor | Jobroles | Academic/ Qualification | Permanent/ Contractual | Industry Experience (in Years) | Training Experience (in Years) | Geographic Presence | Experience in Capital Goods Sector /manufacturing(Trade and Number of Years Each) |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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1. **Do you have the capacity to design and develop the assessment tools for Capital Goods Sector?**

◌ NO

◌ YES

1. **Do you have a process to select and empanel the Assessors?**

◌ NO

◌ YES, (If yes, please elaborate in a separate sheet and enclose evidence (including the sample contract with Assessors)

1. **Do you have a mechanism in place for Training of Assessors?**

◌ NO

◌ YES (if yes, please enclose the process in a separate sheet as evidence)

1. **Do you have a Quality Management System to quality assure the assessment process?**

◌ NO

◌ YES (If Yes, please enclose the process as evidence)

1. **Do you have the ability and willingness to inspect the facilities of the TP / TC to support the assessment process?**

◌ NO

◌ YES

1. **Do you have a set of forms to capture student verification date and assessments records?**

◌ NO

◌ YES (If yes, please enclose sample forms)

1. **Do you have the facility to safely store the assessment records as per current guidelines?**

◌ NO

◌ YE**S**

1. **Have you studied the NSDC guidelines for compliance on use of (Skills Development Management System/SIP) SDMS software package as applicable to the Assessment bodies and Assessors?**

◌ NO

◌ YES

**List of Enclosures**

1. Photocopy Copy of Recognition, certification or empanelment
2. List of Branches
3. Attach photocopy of the PAN and TAN card as Enclosure
4. Details of Assessors
5. Registration Certificate of Trust/ Society / Company
6. Audited Balance Sheet of Last Three Years
7. Sample of Contract with the Assessors

I/We hereby declare that the information provided above is true and correct to the best of my knowledge. Any misrepresentation, falsification or material omission of information on this application may result in my failure to receive accreditation from CGSC. I/We accept that an analysis of capacity may be made during the processing of this application and thereafter, and I authorize CGSC official or any person/entity authorized by CGSC to carry out audit or quality check.

I/We hereby accept all the terms and conditions set by CGSC or updated from time to time regarding assessment.

Signature and stamp Name:

Designation:

Date

**Form Review (For CGSC office use only)**

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| **S. No** | **Item** | **Response** |
| **1** | Compiled by |  |
| **2** | Date of Receipt of complete Form |  |
| **3** | Status of Accreditation Form Fees(Received /Not Received) |  |
| **4** | Review Committee Decision(Approved/Not Approved) |  |
| **5** | Date of Approval |  |
| **6** | Reference ID Allotted |  |
| **7** | Comments/Observations |  |
| **8** | Signature of the Review Committee |  |
| **9** | Details of submission ofaccreditation fees |  |

**Annexure C**

**List of Capital Goods Skill Council Job roles**

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| **S. No** | **Name of the Qualification Pack** | **QPs Code** | **Notional Hours** |
| 1 |  Boring Machine Operator | CSC/ Q 0107 | 300 |
| 2 |  Calibration Technician | CSC/ Q 0801 | 400 |
| 3 |  CNC Operator - Grinding Machine Centre | CSC/ Q 0117 | 300 |
| 4 |  CNC Operator - Vertical Machining Centre | CSC/ Q 0116 | 300 |
| 5 |  CNC Operator Turning | CSC/ Q 0115 | 300 |
| 6 |  CNC Programmer | CSC/ Q 0401 | 300 |
| 7 |  CNC Setter cum Operator - Turning | CSC/ Q 0120 | 400 |
| 8 |  CNC Setter cum Operator - Vertical Machining Centre | CSC/ Q 0123 | 600 |
| 9 |  Designer Mechanical | CSC/ Q 0405 | 700 |
| 10 |  Draughtsman Mechanical | CSC/ Q 0402 | 300 |
| 11 |  Fitter- Electrical and electronic assembly | CSC/ Q 0305 | 400 |
| 12 |  Fitter Fabrication hand tools manually operated machines | CSC/ Q 0303 | 500 |
| 13 |  Fitter Mechanical Assembly | CSC/ Q 0304 | 400 |
| 14 |  Grinder Handtools Handheld Power Tools | CSC/ Q 0302 | 300 |
| 15 |  Heat Treatment Operator | CSC/ Q 1001 | 300 |
| 16 |  Maintenance Fitter - Mechanical | CSC/ Q 0901 | 300 |
| 17 |  MIG MAG or GMAW Welder | CSC/ Q 0209 | 600 |
| 18 |  Operator- Conventional Milling | CSC/ Q 0108 | 300 |
| 19 |  Operator -Conventional Surface Grinding Machines | CSC/ Q 0109 | 300 |
| 20 |  Operator- Conventional Turning | CSC/ Q 0110 | 300 |
| 21 |  Painting Technician (Spray painting) | CSC/ Q 0702 | 300 |
| 22 |  Polisher - Machine | CSC/ Q 0113 | 300 |
| 23 |  Polisher - Manual | CSC/ Q 0703 | 300 |
| 24 |  Production Engineer | CSC/ Q 1201 | 300 |
| 25 |  Quality Inspector - forged, casted or machined components | CSC/ Q 0601 | 300 |
| 26 |  Service Engineer - Breakdown service | CSC/ Q 0503 | 500 |
| 27 |  Service Engineer - Installation | CSC/ Q 0501 | 300 |
| 28 |  Service Engineer- Installation and commissioning | CSC/ Q 0502 | 400 |
| 29 | Sheet Metal Worker - Hand Tools and manually operated machines | CSC/ Q 0301 | 400 |
| 30 |  Technician Instrumentation | CSC/ Q 0802 | 500 |
| 31 |  Senior Tungsten Inert Gas Welder (GTAW) Level 5 | CSC/ Q 0213 | 600 |
| 32 |  Assistant MMAW SMAW Welder | CSC/ Q 0202 | 400 |
| 33 |  Flux cored Arc Welder Semi Automatic | CSC/ Q 0205 | 600 |
| 34 |  Lab Technician - Metal Testing | CSC/ Q 0602 | 300 |
| 35 |  MMAW SMAW Welder | CSC/ Q 0204 | 400 |
| 36 | Operator - CNC EDM Spark Erosion | CSC/ Q 0118 | 300 |
| 37 | Senior MMAW SMAW Welder | CSC/ Q 0208 | 500 |
| 38 |  Tool and Die Maker | CSC/ Q 0306 | 800 |
| 39 | Operator Non-Conventional Electro Discharge Machine (Spark Erosion) | CSC/ Q 0119 | 300 |
| 40 | CNC Setter and Operator - Electro Discharge Machine (Spark Erosion) | CSC/ Q 0121 | 400 |
| 41 | Stud Welder | CSC/ Q 0210 | 300 |
| 42 | Operator-Shot Blasting and Sand Blasting | CSC/ Q 0111 | 300 |
| 43 | Submerged Arc Welder (SAW) | CSC/ Q 0211 | 400 |
| 44 | Resistance Spot welding MachineOperator | CSC/ Q 0206 | 300 |
| 45 | Plasma Cutter - Manual | CSC/ Q 0207 | 300 |
| 46 | Oxy Fuel Gas Cutter  | CSC/ Q 0203 | 300 |
| 47 | Operator – Plate Bending Machine | CSC/ Q 0112 | 300 |
| 48 | Operator – Broaching Machine | CSC/ Q 0114 | 300 |
| 49 | Lab Technician - Radiographic Testing | CSC/ Q 0603 | 300 |
| 50 | Forger | CSC/ Q 1101  | 400 |
| 51 | Electroplating Operator | CSC/ Q 0701 | 300 |
| 52 | Draughtsman - Piping | CSC/ Q 0403 | 300 |
| 53 | Draughtsman - Civil | CSC/ Q 0404 | 300 |
| 53 | Tungsten Inert Gas Welder(GTAW)  | CSC/ Q 0212 | 300 |
| 54 | Assistant Oxy Fuel Gas Cutter | CSC/ Q 0201 | 300 |
| 55 | Setter and Operator– Non-conventionalElectro Discharge Machine (Spark Erosion) | CSC/ Q 0122 | 400 |