



Inviting Applications

from

Assessment Agencies for Affiliation with SCPwD

GENERAL INSTRUCTIONS

1. The duly filled Pre-screening application form has to be furnished by the interested Assessment Agencies through email. An Assessment Agency can send the filled-in form complete in all respects to the following email ids:

To: info@scpwd.in
Cc: Sunil.rawat@scpwd.in
CC; Tarun.parihar@scpwd.in

2. Subject of the email be transcribed "Application Form – (Name of Assessment Agency)"

3. Application Form is provided in the PDF. Any modification done in the form would result in rejection of the application. Filled-in Forms, complete in all respects, in the provided format and mailed at ids as above with the indicated subject will only be accepted.

4. Copy of Application Form could be downloaded from the website of SCPwD. SCPwD reserves the right to effect revision/s in the form. Changes, if any, will be notified on its website (www.scpwd.in)

5. All the columns should be filled in. If any particular column is not considered relevant, then kindly write NOT APPLICABLE.

6. It may kindly be noted that other things being equal, preference would be given to the Assessment Agencies empaneled with more, particularly those on whose job roles SCPwD works/intends to work. Needless to state that SCPwD reserves the right to withdraw this process and/ or cancel any application at any stage.

7. SCPwD reserves the rights to periodically audit overall assessment process, documentation and any other work that the assessment agency has been assigned by SCPwD.

Application Form

1. Name of the Assessment Body:

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2. Address (Registered Office):

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3. Communication Address:

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(Please provide complete postal address)

4. Year of incorporation: Registration ID:

5. Telephone (with STD Code): Fax:

Mobile: E-mail:

6. SPoC (Single Person of Contact): (Name and Designation):

Mobile: E-mail:

7. Legal Status of Organization (please tick only one)

- Public/Private/Government
- Company/Partnership/Proprietorship/Registered Society
- Research/Academic Institute/Industry Association
- Others (please specify)

8. Assessment Capability

(i) Do you conduct the assessments through Pen & Paper mode:

- Yes
- No

(ii) Do you conduct the assessments through tablets/computers:

- Yes
- No

If yes, then which of the options are relevant for you:

- Assessments on tablets with internet (Online App)
- Assessments on tablets without internet (Offline App)
- N/A

9. PAN Card Number..... Tan Number.....

10. Please provide the Organization structure of the Assessment Body showing roles and responsibilities of different persons/groups/committee/associates having significant contribution towards assessment of the concerned trades/skills (Please attach organogram and other details)

11. Please give the details of the geographical regions where you can conduct assessments.

S. No.	Geographical Regions (Tick the Regions)	States under the Region (Write the names of the states)
1	Pan India	All India
2	North India	
3	Western India	
4	South India	
5	Central India	
6	Eastern India	
7	North East India	

12. Whether affiliated with any Sector Skill Council (please tick one)

- Yes
 No

If Yes, please provide the details in the table below

S. No.	Name of the Sector Skill Council	Valid Affiliation Till (Month and Year)

13. Details and Proof of Accreditation/Empanelment with DGET/SSC/Other recognised body (Assessment Experience)

S. No.	Name of Organization	Sector	Trades for which affiliated	Date of Accreditation	Total No. of Assessments Completed	Percentage of Successful candidates	Evidence Attached

14. Scheme wise Assessment Experience

(i) Assessment Details:

- a.) No. of assessments completed under PMKVY 1:
- b.) No. of assessments completed under PMKVY 2.0:
- c.) No. of assessments completed under other schemes:

(ii) Assessor Details:

- a.) No. of assessors approved by SSCs (TOT certification pending):
- b.) No. of assessors certified by SSCs (TOT certified):
- c.) Total no. of assessors ready to conduct the assessments for Assessment agency (a+b):
- b.) No. of assessors certified/approved by other recognised body (Also mention name of the body):
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15. Capacity to design and develop the assessment tools for Persons with Disabilities.

- Yes
- No

(If yes, please attach a sample question Paper and a checked sheet to assess Performance Criteria for any one of the QPs)

16. Do you have process to select and empanel the Assessors?

- Yes
- No

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

17. Mechanism for Training of Assessors.

- Yes
- No

(If yes, please enclose the process in a separate sheet as evidence)

18. Do you have Quality Management System to assure quality of the assessment process.

- Yes
- No

(If yes, please enclose the process in a separate sheet as evidence)

19. Ability and willingness to inspect the facilities of the TP/TC to support the assessment process.

- Yes
- No

20. Set of forms to capture student verification data and assessment records.

- Yes
- No

21. Facility to safely store the assessment records as per current guidelines.

- Yes
- No

22. Have you studied the NSDC guidelines for compliance on use of Skill Development Management System (SDMS) software package as applicable to the Assessment Agencies and Assessors?

- Yes
- No
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23. Brief Description/USP of your agency:

I (Name & Designation) on behalf of
..... (Name of Assessment Agency) hereby declare that all the information and enclosures mentioned above are true and correct to the best of my knowledge. Any misrepresentation, falsification, or material omissions of information on this application may result in the failure to receive accreditation/affiliation from SCPWD. I accept that an analysis of capacity may be made during the processing of this application and thereafter, and I authorize SCPWD official or any person/entity authorized by SCPWD to carry out audit or quality check.

I, on behalf of the Assessment Agency confirm that we will abide by the terms, condition, decisions, fees and guidelines introduced by SCPwD & NSDC from time to time.

Name:

Designation:

Signature:

Date: