

**GENERAL INFORMATION**

The **ASSOCHAM Summit-cum-Awards on SKILLING INDIA** comprises two stages selection process consisting of questionnaire assessment and finally jury selection.

1. **First Phase: Questionnaire Assessment**

Questionnaire assessment includes an assessment of how the organization has integrated the skill development process and its strategy and management of operations.

1. **Second Phase: Jury Selection**

Panel of jury consisting of eminent persons will review each entry and finally decide the winners.

However, the decision of the ASSOCHAM shall be final and binding on all stakeholders.

**CATEGORIES FOR AWARDS**

During ASSOCHAM Summit-cum-Awards on Skilling India, awards in **Gold** and **Silver** category to the meritorious organization will be made in the following categories:

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| **Sr. No** | **Name of the Awards** | **Code Number** | **Annexure** |
| 1 | Best Vocational Training Provider (VTP) - Training | **01-17** | **I** |
| 2 | Best Institute – Innovation on Skill Development | **02-17** | **II** |
| 3 | Best Institute - Open & Distance Learning in Vocational and Skills Development | **03-17** | **III** |
| 4 | Best Institute - Women Skill Development | **04-17** | **IV** |
| 5 | Best Institute - Placement | **05-17** | **V** |
| 6 | Best Large Scale Private Organization – **Training Programme**  ***( Having more than Rs. 100 Cr annual Turnover)*** | **06-17** | **VI** |
| 7 | Best Small Scale Private Organization – **Training Programme**  ***(Having less than Rs. 100 Cr. annual turnover)*** | **07-17** | **VII** |
| 8 | Best Higher Vocational Institute for Skill Development | **08-17** | **VIII** |
| 9 | Best University/Professional Institute for Skill Development | **09-17** | **IX** |
| 10 | **Best PSU -Public Sector Training Programme** | **10-17** | **X** |
| 11 | Best NGO- Skill Development | **11-17** | **XI** |
| 12 | Best ITI- Skill Development through PPP Model | **12-17** | **XII** |
| 13 | Best Sector Skill Council | **13-17** | **XIII** |
| 14 | Best State in Skill Development | **14-17** | **XIV** |
| 15 | **Best Bank/Financial Institution who Support/Finance Skill Development** | **15-17** | **XV** |
| 16 | Best International Organization in Skill Development | **16-17** | **XVI** |
| 17 | Best Start up in Skill Development ( Less than 3 years of establishment) | **17-17** | **XVII** |

**Eligibility Criteria:**

The awards process is open to all Indian and Overseas Organizations/Institutes (Public and Private Sectors), NGOs, Skill Training Providers, Startups, Funding Agencies, Assessors, Vocational Training Providers (VTPs), Facilitators associated with vocational/technical/employability and entrepreneurial skill etc.

**Submission of Application Form**

* The details can be filled out directly on the soft copy of the prescribed format. Answer should be legible and attachments should be clearly indexed and indicated.
* Hard copy of the application form with enclosures etc. should be sent to ASSOCHAM. The entire set of information should also be provided in a Pen Drive.
* The application form completed in all respect in a closed envelop must reach us latest by

**31st July, 2017** at the following details:

**Contact Person:**

**Mr. L. Robinson Singh**

Senior Executive (Skill Development & Industrial Relations)

ASSOCHAM, Corporate Office, 5, Sardar Patel Marg,

Chanakyapuri, New Delhi – 110021

Phone: 011- 46550573, Mob: 9650474873

Fax: 011-46536481/82, E-mail Id: [robinson@assocham.com](mailto:robinson@assocham.com)

**Participation fee for awards:**

* + Award processing fee per category is **Rs. 10,000 plus 18% GST i.e. Rs. 11,800/-**
  + Cheque should be prepared in favor of ASSOCHAM, payable at New Delhi.
  + Kindly note that an entity can apply for multiple categories, separate application form along with requisite fee is to be submitted for each category.

Details for Online Payment :-

|  |  |
| --- | --- |
| NAME OF ACCOUNT HOLDER | The Associated Chambers of Commerce and Industry of India  ( ASSOCHAM ) |
| COMPLETE CONTACT ADDRESS | 5, Sardar Patel Marg, Chanakyapuri, New Delhi-110021 |
| TEL/ FAX/ EMAIL | 011-46550555/ 011-23017008/9 /[accounts@assocham.com](mailto:accounts@assocham.com) |
| BANK NAME | State Bank Of India |
| BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER/EMAIL | 36, Elite House, Zamrudpur Complex, Kailash Colony, New Delhi   -110048, Tel: 011-29230191. |
| WHETHER THE BRANCH IS CUMPUTERISED? | Yes |
| WHETHER THE BRANCH IS RTGS ENABLED IF YES, THEN WHAT IS BRANCH'S IFSC CODE | SBIN0020588 |
| IS THE BRANCH ALSO NEFT ENABLED? | Yes |
| TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT /OD) | Over Draft |
| COMPLETE BANK ACCOUNT NUMBER (LATEST) | 52050210412 |
| MICR CODE OF BANK | 110004007 |
| SWIFT/ BIC  CODE | SBININBBH47 |

**AWARD APPLICATION FORM**

1. **Award Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code No: \_\_\_\_\_\_\_\_**
2. **Contact Information:** (preferably head of the organization or his authorized representative)

**Name of the Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person Details**

**Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PIN Code: \_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile & Landline Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Participating payment details :**

|  |  |
| --- | --- |
| **Mode of Payment** | **Detail of Payment - DD/Cheque No./Online payment reference no. and Date** |
| **By DD / At Par Cheque**  **in favour of ASSOCHAM payable at New Delhi** |  |

1. **List of Attachments :**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Particulars** | **Appendix No.** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

1. Whether your organization has been blacklisted or debarred from any organization/ Court of Law. If so details thereof: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Success Story /Documentary proof attached **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Declaration**

I / We certify that all information provided in this form is accurate and true to the best of my/our knowledge. I / We am / are willing to provide any supporting documentation / evidence that may be required to verify the information provided herein and I / We agree to abide by the decision of ASSOCHAM in all matters relating to the Award.

Authorized Signatory:

Name & Designation:

Company Seal:

Date:

Place:

**Annexure - I**

1. **Best Vocational Training Provider (VTP) – Training**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weather placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Availability of basic amenities like Internet facility, drinking water, toilet etc : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weather Uniform for trainees provided : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of candidates |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Total number of Theory sessions conducted |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - II**

**2. Best Institute – Innovation on Skill Development**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nature/Title of Innovation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Key Words (Maximum 3 sentence) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Capital Expenditute:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Operational Expenditure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Facilities available :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part – B**

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| 1. **Provide an overview of the innovation and explain why it was innovative.** |
|  |
| 1. **What was the need/relevant that the innovation sought to address?** |
|  |
| 1. **What were the challenges that had to be overcome to enable the innovation to come to fruition?** |
|  |
| 1. **What were the overall benefits and/or impacts and to whom?** |
|  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements** (Awards and Accolades received)
* **Success Story** *(Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - III**

**3. Best Institute – Open & Distance Learning in Vocational and Skill Development**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Steps to increase computer literacy rate amongst the staffs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Steps to increase computer literacy rate amongst the trainees :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Availability of Modern Teaching aids: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Availability of basic amenities like Computer, Internet facility, drinking water, toilet etc. \_\_\_\_\_\_\_\_\_\_\_\_
* Whether any linkage/support with Trade/Industry is in place or available : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 5 | Total number of practical sessions conducted |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |

**Part –C**

1. **Contribution/Activities other than enlisted above, if any** *(please attach)*
2. **Achievements (Awards and Accolades received)**
3. **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - IV**

**4. Best Institute – Women Skill Development**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses specific for women candidate*:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weather awareness program for women empowerment conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weather Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Availability of Infrastructure – Tools and Equipments etc : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether efforts made to encourage women self employment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Number of Candidate assessed and certified |  |  |  |
| 4 | Total number of Women Candidate |  |  |  |
| 5 | Total numbers of Instructors |  |  |  |
| 6 | Total number of Theory & Practical sessions conducted |  |  |  |
| 7 | Percentage of enrolment as compared to number of seats |  |  |  |
| 8 | Percentage of dropout as compared to enrolment |  |  |  |
| 9 | How many campus interviews conducted |  |  |  |
| 10 | How many industries/firms participated in the campus interview |  |  |  |
| 11 | Number of women candidate placed in the industry |  |  |  |
| 12 | Number of women candidate under self employment |  |  |  |

**Part –C**

1. **Contribution/Activities other than enlisted above, if any** *(please attach)*
2. **Achievements (Awards and Accolades received)**
3. **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - V**

**5. Best Institute – Placement**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/ PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether efforts made to encourage self employment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether any linkage/support with Trade/Industry is in place/available : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part-B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 3 | Number of Candidate assessed and certified |  |  |  |
| 4 | Total number of students |  |  |  |
| 5 | Total numbers of Instructors |  |  |  |
| 6 | Total number of placement coordinator |  |  |  |
| 7 | Total number of Theory & Practical sessions conducted |  |  |  |
| 8 | Percentage of enrolment as compared to number of seats |  |  |  |
| 9 | Percentage of dropout as compared to enrolment |  |  |  |
| 10 | How many campus interviews conducted |  |  |  |
| 11 | How many industries/firms participated in the campus interview |  |  |  |
| 12 | Number of candidate placed in the industry |  |  |  |
| 13 | Number of candidate under self employment |  |  |  |

**Part –C**

1. **Contribution/Activities other than enlisted above, if any** *(please attach)*
2. **Achievements (Awards and Accolades received)**
3. **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - VI**

**6. Best Large Scale Private Organization – Training Program**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MoU with any Ministries/Government Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of In-house training program organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Percentage of enrolment as compared to number of seats |  |  |  |
| 6 | Percentage of dropout as compared to enrolment |  |  |  |
| 7 | How many campus interviews conducted |  |  |  |
| 8 | How many industries/firms participated in the campus interview |  |  |  |
| 9 | Number of students placed in the industry |  |  |  |
| 10 | Number of Candidate assessed and certified |  |  |  |
| 11 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - VII**

**7. Best Small Scale Private Organization – Training Program**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MoU with any Ministry/Government Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of In-house training program organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Percentage of enrolment as compared to number of seats |  |  |  |
| 6 | Percentage of dropout as compared to enrolment |  |  |  |
| 7 | How many campus interviews conducted |  |  |  |
| 8 | How many industries/firms participated in the campus interview |  |  |  |
| 9 | Number of students placed in the industry |  |  |  |
| 10 | Number of Candidate assessed and certified |  |  |  |
| 11 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - VIII**

**8. Best Higher Vocational/Professional Institute for Skill Development rganization – Training Program**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/ PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Industry Tie up or MoU with Government Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Total number of Theory sessions conducted |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - IX**

**9. Best University/Professional Institute for Skill Development rganization – Training Program**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council (SSC) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Uniform for trainees provided : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Industry Tie up or MoU with Government Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Total number of Theory sessions conducted |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - X**

**10. Best PSU -Public Sector Training Programme**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MoU with any Ministries/Industry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of In-House training program organized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether the training program aligned to National Skills Qualification Framework (NSQF) : \_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Number of Apprentice program deployed |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - XI**

**11. Best NGO – Skill Development**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Governing Body Members : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Fund Received for skill development : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Percentage of fund for admin cost : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Result/ Impact of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students who undergo training |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Percentage of enrolment as compared to number of seats |  |  |  |
| 6 | Percentage of dropout as compared to enrolment |  |  |  |
| 7 | Number of students placed in the industry |  |  |  |
| 8 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**12. Best ITI – Skill Development through PPP Model**

**Annexure - XII**

**Part – A** *(please add additional sheets where ever required)*

* Whether the institute is affiliated/ accredited to NCVT/ PMKVY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council (SSC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether placement cell is established, if so details thereof : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Rozgar Mela/Employment camp organized : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Availability of basic amenities like Internet facility, drinking water, toilet etc : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Whether Uniform for trainees provided : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Total number of Theory sessions conducted |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure -XIII**

1. **Best Sector Skill Council**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of State/UT Covered for training program : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Industry Tie up or MoU with Industry Partner and conducted examination with those organization: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* System of any feedback procedure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part – B**

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| **Sr. No** | **Particulars** | **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Training of Trainers:-  a) No of Programs  b) No of Trainers Trained |  |  |  |
| 2 | Training of Assessors  a) No of Programs  b) No of Assessors |  |  |  |
| 3 | Qualification Packs  a) No of QPs Developed presented to QRC  b) No of QPs on which training already commenced ( SDMS)  c) QPs being used for other usage |  |  |  |
| 4. | Model Curriculum Developed |  |  |  |
| 5. | No of Job roles for which Participant Handbook as well as Trainer Guide developed ( Not to be counted twice) |  |  |  |
| 6 | Advocacy Plan  a) Conference  b) Exhibitions  Details to be annexed |  |  |  |
| 7 | Total No of Trainings under Monetary Reward Schemes ( STAR/ PMKVY) |  |  |  |
| 8 | Total No of Trainings under Non Monetary Reward Schemes ( Non STAR/ Non PMKVY) |  |  |  |
| 10 | Vocationalization at School Level  a) No of States  b) No Trainees |  |  |  |
| 11 | Vocationalization at  College/ University level ( No of Institutes where the trainees being assessed by SSC |  |  |  |
| 12 | No of New Govt Universities partnered  a) No of States  b) University |  |  |  |
| 13 | No of Regional Office Opened  ( year on year) | | | |
| 14 | No of New Industry MoUs/ Associate Members ( Not to be double counted across year) |  |  |  |
| 15 | No of Training Centres |  |  |  |
| 16 | Engagement / Affiliation of Govt Training centres |  |  |  |
| 17 | No of Districts Covered across India |  |  |  |
| 18 | No of training centres Non STAR/ STAR and PMKVY |  |  |  |
| 19 | State Engagement/Partnered for Training |  |  |  |
| 20 | Recognition of Prior Learning ( RPL) |  |  |  |

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**Part – C**

* **Engagement with LINE Central Ministry ( Besides the MSDE)**
* **Engagement with other non Line Ministries and Govt Boards**
* **Engagement with Foreign SSC**
* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**14. Best State – Skill Development**

**Annexure - XIV**

**Part – A** *(please add additional sheets where ever required)*

* Mission & Vision  *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* List of Sectors covered : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of Registration till date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Number of Approved Training Centre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Number of Course : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* List of Schemes ongoing : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

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| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of youth under training |  |  |  |
| 4 | Number of youth placed in the industry |  |  |  |
| 5 | Number of youth assessed and certified |  |  |  |
| 6 | Number of youth under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**Annexure - XV**

**15. Best Bank/Financial Inst. who Support/Finance Skill** **Dev.**

**Part – A** *(please add additional sheets where ever required)*

* Year of Establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner with any Sector Skill Council : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total budget allocated for skill development : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of skill loan scheme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Quantum of Finance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Margin : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Moratorium period : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Repayment Period :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Security : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List of Industry Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part - B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Budget allocated for training |  |  |  |
| 2 | Percentage of enrolment as compared to number of seats |  |  |  |
| 3 | Percentage of dropout as compared to enrolment |  |  |  |
| 4 | How many campus interviews conducted |  |  |  |
| 5 | How many industries/firms participated in the campus interview |  |  |  |
| 6 | Number of students placed in the industry |  |  |  |
| 7 | Number of Candidate assessed and certified |  |  |  |
| 8 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**16. Best International Organization on Skill** **Development**

**Annexure - XVI**

**Part – A** *(please add additional sheets where ever required)*

* Name of the Sectors and Courses *:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any partner with Sector Skill Council (SSC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment criteria and Assessing bodies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* MoU with Multinational Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of In-House training program organized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of student place in overseas countries : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ISO Certification obtained *(please attached a copy)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[

**Part - B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Particulars** | **Details** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Total budget allocated for training |  |  |  |
| 2 | Expenditure incurred towards  up-gradation of facilities/ infrastructure |  |  |  |
| 3 | Total number of students |  |  |  |
| 4 | Total numbers of Instructors |  |  |  |
| 5 | Number of Apprentice program deployed |  |  |  |
| 6 | Percentage of enrolment as compared to number of seats |  |  |  |
| 7 | Percentage of dropout as compared to enrolment |  |  |  |
| 8 | How many campus interviews conducted |  |  |  |
| 9 | How many industries/firms participated in the campus interview |  |  |  |
| 10 | Number of students placed in the industry |  |  |  |
| 11 | Number of Candidate assessed and certified |  |  |  |
| 12 | Number of candidate under self employment |  |  |  |

**Part –C**

* **Contribution/Activities other than enlisted above, if any** *(please attach)*
* **Achievements (Awards and Accolades received)**
* **Success Story** *( Please attach a success story demonstrating the implementation of best practice in skill development)*

**17. Best Start Up in Skill** Development

**Annexure –XVII**

1. **PERSONAL PROFILE:**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STD Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. DATE OF BIRTH: \_ \_ (D)/\_ \_ (M)/\_ \_ \_ \_(Y)**

**III. GENDER:** Male Female

**IV. EDUCATIONAL QUALIFICATION:** (**Only the last qualification acquired**)

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name of School/College | Exam.  Passed | Year |
|  |  |  |  |

**V. FAMILY BACKGROUND** (at the time of setting up of your income generation activity)**:**

[Please tick mark appropriately]

* Service: Yes/No
* Self-Employed: Yes/No
* Un-employed: Yes/No
* Business: Yes/No
* Any Other: Pl. Specify:

1. **VOCATIONAL/PROFESSIONAL TRAINING PROGRAMME(S) ATTENDED :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No. | Title of the Programme | Duration | Month & year of completion | Specialization (If any) | Name &Address of the organization that conducted the programme |
|  |  |  |  |  |  |

- Please attach separate sheet, if required.

- Please enclose the copy of programme completion certificate.

**VII. PROFESSIONAL DETAILS:**

1. Name &Address of the establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year of establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of activity (Please tick) : Manufacturing Servicing Trading
3. Details about activity/ies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. No. of employees at the time of setting up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. No. of employees at present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Initial investment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Sources of investment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Source** | **Amount ( Rs.)** | | |
| **F.Y. 2014-15** | **F.Y. 2015-16** | **F.Y. 2016-17** |
| 1 | Bank |  |  |  |
| 2 | Friends & Relatives |  |  |  |
| 3 | Family |  |  |  |
| 4 | Own Funds |  |  |  |

1. Investment at present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Average annual income at the end of first year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Average annual income at present : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Processes/special machines/technologies introduced and/or self-development related programmes attended, to enhance business prospects (Give details, if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. Achievements** (Awards and Accolades received**)**

**IX. Success Story** *(Please attach a success story demonstrating the implementation of best*

*practice in skill development)*

**X. PLEASE GIVE TWO REFERENCES WHO KNOW ABOUT YOUR WORK**

(Other than employees & relatives)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tele: (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tele: (O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SKILL DEVELOPMENT CENTRE**

**THE ASSOCIATED CHAMBERS OF COMMERCE & INDUSTRY OF INDIA**

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