Notice for the Request for Proposal (RFP) Portal for Special Projects under PMKVY 4.0 (2023-24) Going Live on 21-Nov-2023

(dated 20/11/2023)

- 1. Further to the public notice on RFP Special Projects released on 14th November 2023, wherein National Skill Development Corporation (NSDC) ⁽¹⁾ as implementing partner of MSDE for PMKVY 4.0 had solicited proposals for Special Projects under the Pradhan Mantri Kaushal Vikas Yojana 4.0 (PMKVY 4.0) 2023-24.
- 2. The Request for Proposal (RFP) Portal for Special Projects will accept applications for the next 10 days i.e., till 30th November 2023, 11:59 PM. The link to access the RFP Portal for Special Projects is https://specialprojectrfp.nsdcindia.org/. No other form of submission, including hard copy will be entertained.
- 3. The scheme will be implemented in accordance with Guidelines for PMKVY 4.0 (2023-24) which can be accessed at https://nsdcindia.org/sites/default/files/PMKVY%204.0%20Guidelines.pdf. Please go through the Guidelines before applying for Special Projects.
- 4. For reference, all the Annexures which are required for the Special Projects application are mentioned below. The Annexures are also available on the home page of RFP Portal for Special Projects at https://specialprojectrfp.nsdcindia.org/.
- 5. All stakeholders are strongly encouraged to submit their proposals before the due date. For the latest information and updates regarding this Request for Proposal (RFP), kindly refer to the notices section of both the NSDC https://www.pmkvyofficial.org/ portals.
- 6. For any queries, please contact Helpdesk at 8810438183 and 8287234253 ((between 10 AM to 6 PM), or write at targetallocation pmkvy4@nsdcindia.org.

Issued by:

National Skill Development Corporation (NSDC) 5th & 6th Floors, New Moti Bagh, New Delhi 110023

Website: www.nsdcindia.org

Reference:

(1) Request for Proposal ("RFP") for providing Skill Training under PMKVY 4.0(2023-24) Special Projects, https://www.pmkvyofficial.org/photos/shares/products/Vg02jFKdaapOWm3xfjSOtnQ4D1k97xkmtPGx5AP 2.pdf, dated 14th November 2023

Document Formats – Annexures

Annexure -1 Board Resolution Format

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS/MEMBERS/TRUSTEES AT ITS MEETING HELD ON THE [●] DAY OF [●], 2021 AT (Address)

"RESOLVED:

THAT the Company/Society/Trust does approach National Skill Development Corporation (hereinafter referred to as the "NSDC") for PMKVY2023-24 Special Projects Target Allocation (FY2020-21) in response to the Request for Proposal dated (hereinafter referred to as the "RFP") issued by NSDC.

THAT the detailed Proposal in the prescribed format be duly filled and submitted to NSDC along with all necessary documents.

THAT the following directors/trustees/members/authorized signatories be and are hereby severally authorized to execute the documents, papers, guarantee, declaration, confirmation, affidavit, undertaking, indemnity, contracts and such other instruments/documents as security or otherwise, as may be required by NSDC.

| S. No | Name | Designation |
|-------|------|-------------|
| | | |
| | | |

THAT copies of the aforesaid resolutions certified to be true be furnished to NSDC" CERTIFIED TO BE TRUE

For,

| Signature) | (Signature) |
|--------------|--------------|
| Name: | Name: |
| Designation: | Designation: |
| Date: | Date: |
| Place: | Place: |
| DIN/PAN: | DIN/ PAN: |

Annexure 2- Waiver/Flexibility Required for Project Execution

| Details of Waiver/ Flexibility: | |
|---------------------------------|--|
| a) | |
| b) | |
| c) | |
| 0) | |
| | |
| a) | |
| | |
| | |
| | |
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| | |
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| | |
| b) | |
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| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (c) | |

Explanation for seeking waivers/flexibilities:

Annexure 3- Self-Declaration by Community Based Organization (CBO) pertaining to Vulnerable candidates' proposed for skilling of the organization.

(On the letterhead of the Applicant Entity)

To
National Skill
Development
Corporation, 5th Floor,
Kaushal Bhawan,
New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Community Based Organization (CBO) will be providing training to the Vulnerable candidates' (Women/ PwD/ Transgender/ SC/ ST/ Others).

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

Name of the Authorized Signatory of the Applicant

Signature and Stamp of the Authorized Signatory of the Applicant

Date: ________

Annexure-4 Details of Special geographies proposed for skilling of the organization.

Link for the list of Special geographies is given below:

https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP Industrial Clusters and Special Geographies RFP.xlsx

Annexure-5 List of ODOP

Link for the list of ODOP is given below:

https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP Industrial Clusters and Special Geographies RFP.xlsx

Annexure-6 List of Industry Clusters

Link for the list of Industry Clusters is given below:

https://specialprojectrfp.nsdcindia.org/Downloads/NSDCDocument/ODOP Industrial Clusters and Special Geographies RFP.xlsx

Annexure 7- Self-Declaration by Project Implementing Agency (PIA)

(On the letterhead of the Applicant Entity)

| To National Skill |
|---|
| Development Corporation, |
| 5th Floor, Kaushal |
| Bhawan, |
| New Moti Bagh, New Delhi-110023 |
| In response to the Request for Proposal for providing Skill Certification unde Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Company, firmwill be the Project Implementing Agency (PIA). |
| We further declare that the trainees of the proposed project will not be the current employees of our company/ firm. If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated. |
| |
| |
| |
| Name of the Authorized Signatory of the Applicant |
| Signature and Stamp of the Authorized Signatory of the Applicant Date: |
| Daic |

Annexure 8- Self-Declaration by Industry/MSME/Start-Up/Association pertaining to placement to be provided to certified candidates.

| То | | |
|----------------|--|--|
| National Skill | | |

(On the letterhead of the Applicant Entity)

Development Corporation, 5th Floor, Kaushal Bhawan, New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Company/ firm ______ will be providing captive placement/placement to greater than or equal to 75% certified candidates. And the details are given below:

| S. No | State | Distric t | Sector | Job Role | Future/Other | candidates to be |
|----------|-------|--------------|--------|----------|--------------|------------------|
| 1. | | | | | | |
| 2. | | | | | | |

| If t | his de | claratio: | n is for | and to | be inco | rrect | and / | or | misleading | then | without | prejudice | to |
|------|--------|-----------|----------|----------|-----------|-------|---------|------|-------------|------|---------|-----------|----|
| any | other | action | that ma | ay be ta | aken, the | pro | ject ma | ıy b | e terminate | ed. | | | |

Name of the Authorized Signatory of the Applicant

Signature and Stamp of the Authorized Signatory of the Applicant Date: _____

Annexure 9- Self-Declaration by Industry/MSME/Start-up/Association pertaining to expected salary offered to certified candidates.

(On the letterhead of the Applicant Entity)

Date:

To
National Skill
Development Corporation,
5th Floor, Kaushal
Bhawan,
New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under
Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our
Company/firm _______ will be offering expected salary of Rs. 20,000
& above to greater than or equal to 70% certified candidates.

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

Name of the Authorized Signatory of the Applicant

Note: In case of any wrong / incorrect declaration submitted by the Applicant, as requested by NSDC during evaluation of the proposal, the proposal will be rejected at any stage of evaluation or targets would be revoked (if already allocated) during implementation.

Signature and Stamp of the Authorized Signatory of the Applicant

Annexure 10- Self-Declaration by Industry Association pertaining to associated member organizations.

(On the letterhead of the Applicant Entity)

| То |
|---|
| National Skill |
| Development Corporation, |
| 5th Floor, Kaushal |
| Bhawan, |
| New Moti Bagh, New Delhi-110023 |
| |
| In response to the Request for Proposal for providing Skill Certification under |
| Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our Association |
| have number of member organizations |
| associated with us. And the details of the member organizations are given below: |

| S. | Name of | Website | Name of | Contact | Email | About the | Revenue | of |
|----|------------|------------|------------|------------|------------|---------------|-----------|-------|
| No | Organizati | Link of | the Head | Number of | Address of | organization/ | last | three |
| | on | the | of | the Head | the Head | Area of | years | |
| | | organizati | organizati | of | of | Operation (in | | |
| | | on | on | Organizati | Organizati | 100 words) | | |
| | | | | on | on | | 202 202 | 202 |
| | | | | | | | 0- 1- | 2- |
| | | | | | | | 21 22 | 23 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

^{*}The above table should be uploaded separately in excel file

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

Name of the Authorized Signatory of the Applicant

Signature and Stamp of the Authorized Signatory of the Applicant Date: _____

Annexure 11- Self-Declaration for Financial Details of PIA.

(On the letterhead of the Applicant Entity)

To National Skill Development Corporation, 5th Floor, Kaushal Bhawan, New Moti Bagh, New Delhi-110023

In response to the Request for Proposal for providing Skill Certification under Special Project in PMKVY 4.0 (2023-24), I/We _____hereby declare that the information given here is true, complete and correct. And the details are given below:

Financial Data from Balance Sheet:

| S. | Year- | Revenue | Total | Total | Net | Grant/ | Curren | Current | Working | Remarks |
|-----|-------|----------|--------|------------|-------|---------|--------|------------|---------|---------|
| No. | wise | (Annual | Assets | Liabilitie | Worth | Funding | t | Liabilitie | Capital | (in 100 |
| | | Turnover | (TA) | s (TL) | (TA – | (Rs.) | Assets | s (CL) | (CA – | words) |
| | |) (Rs.) | (Rs.) | (Rs.) | TL) | | (CA) | (Rs.) | CL) | · |
| | | | , | | (Rs.) | | (Rs.) | | (Rs.) | |
| | | | | | | | | | | |
| | | | | | | | | | | |

The Contents of this Form should be certified by a Chartered Accountant / Auditor (In case bidder is Indian, the Form should be certified by generating Unique Document Identification Number (UDIN) as per Gazette Notification No. 1 – CA(7)/192/2019 dated 02.08.2019), failing which Employer has right to reject the Bid.

In case of Financial Statements are in currency(s) other than INR, in addition to above, Bidder shall also provide above information in separate sheet duly certified by Chartered Accountant / Auditor (In case bidder is Indian, the Form should be certified by generating Unique Document Identification Number (UDIN) as per Gazette Notification No. 1 – CA(7)/192/2019 dated 02.08.2019) in INR equivalent by using methodology for adopting exchange rate as specified in Note 7 of EQC and ITB 15.4.

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

Name of the Authorized Signatory of the Applicant

| : | Signature and | l Stamp of | the Aut | thorized Si | ignatory o | f the <i>I</i> | A ppl | icant |
|---|---------------|------------|---------|-------------|------------|----------------|--------------|-------|
| | | | | | | | | |

| Date: | | | | |
|-------|--------|--------|---------------------|--------|
| Name | & Sign | n of C | —— A/A ud | litor: |

| Registration No.: |
|-------------------|
| Seal: |
| UDIN No: |
| Phone No.: |
| Email ID: |
| |

Note: The details (Registration No, UDIN No, Phone no. & Email ID) should be correct & mandatory to be given.

Annexure 12- Self-Declaration by Community Based Organization (CBO) pertaining to placement offered to certified candidates.

| | (On the lette | erhead o | f the Ap | plicant I | Entity) | | | | |
|--------|---|-----------------------------------|------------|-----------------------|-------------------------------|--|---------------------------|--|---------------------------|
| | To National Skill Development 5 th Floor, Kau Bhawan, New Moti Ba | t Corpora Ishal | | 0023 | | | | | |
| | Special Proje Based Organ | ect in PM nization placemen | AKVY 4. | 0 (2023- ater than | -24), I/ W wi n or equa | We hereb ll b ll to 75% | y declar e certifie | ll Certification under that our Community offering captive ed candidates with the given below: | y e |
| S. No. | Name of the Organizati on | | District | Sector | Job Ro | Job Type (Preferi Future, r Future, lar) | Othe (| Number of candidates to be provided captive placement/place ment | Salary to b Offered |
| 1 | | | | | | 141) | | | |
| 2 | | | | | | | | | |
| | If this declara any other acti | on that r | may be tal | ken, the p | project m | ay be terr | minated. | en without prejudice to |) |
| | Signature Applicant | and S | stamp | of the | Autho | orized | Signato | ory of the | |

Date: _____

| | | Address de | | | ment to the condi | dates trained by Trainin | · Cr |
|-------|--------------------|--------------|----------------------|------------|--|--|--------------------|
| | Provider | | - provid | ing placei | ment to the candi | dates trained by Trainin | g |
| S.No. | State | District | Sector | Job Rol | Job Role Type (Preferred Future/Other Future/Regula r) | Number of candidates to be provided captive placement/placem ent | Sala to Offe |
| 1 | | | | | | | |
| 2 | | | | | | | |
| | prejudice Name of | to any other | er action orized Si | that may | be taken, the proje of the Applicant | misleading then without the may be terminated. | ıt |
| | Phone N | umber of | the Auth | | • | the Applicant | |

${\bf Annexure~13\text{-}\,Self\text{-}Declaration~by~Community~based~Organization~(CBO)~pertaining~to~self-employment~offered~to~certified~candidates.}$

| (On the l | letterhead | of the A | Applicant | Entity) |
|-----------|------------|----------|-----------|---------|
|-----------|------------|----------|-----------|---------|

| То |
|---------------------------------|
| National Skill |
| Development Corporation, |
| 5th Floor, Kaushal |
| Bhawan, |
| New Moti Bagh, New Delhi-110023 |

| In response to the Request | for Proposal for | providing | Skill Certificati | ion under |
|-----------------------------|--------------------|-------------|--------------------|-----------|
| Special Project in PMKVY 4. | .0 (2023-24), I/ W | e hereby de | eclare that our Co | ommunity |
| Based Organization | W | ill be | offering | micro |
| entrepreneurship/self-emplo | yment to greate | r than or | equal to 75% | certified |
| candidates with the help of | other organization | ns. And th | e details for the | same are |
| given below: | | | | |

| S. No. | State | District | Sector | Job Rol | Job Role Type (Preferred Future/Other Future/Regul ar) | Number of candidates to be provided micro entrepreneurship/ | Brief about self- employme nt to be provided |
|--------|-------|----------|--------|---------|--|---|--|
| | | | | | ŕ | self-employment | (in 100 words) |
| 1 | | | | | | | |
| • | | | | | | | |
| 2 | | | | | | | |
| • | | | | | | | |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

| | | | _ | | | | | | | |
|---|-----|-------|----|-----|------------|-----------|----|-----|--|--|
| Name of the Authorized Signatory of the Applicant | | | | | | | | | | |
| Signature Applicant Date: | and | Stamp | of | the | Authorized | Signatory | of | the | | |

Annexure 14- Self-Declaration by Educational Institutes/Center of Excellence (CoE) pertaining to number of PhD faculty in the institute.

(On the letterhead of the Applicant Entity)

| To |
|---|
| National Skill |
| Development Corporation, |
| 5th Floor, Kaushal |
| Bhawan, |
| New Moti Bagh, New Delhi-110023 |
| |
| In response to the Request for Proposal for providing Skill Certification under |
| Special Project in PMKVY 4.0 (2023-24), I/ We hereby declare that our |
| Institute have greater than 10 numbers of PhD faculty with us. |
| And the details for the same are given below: |

| S. No. | Name of PhD faculty | Designation/ Title | Contact Number | Official Email ID |
|--------|------------------------|-----------------------|-------------------|----------------------|
| 1. | | | | |
| 2. | | | | |

If this declaration is found to be incorrect and / or misleading then without prejudice to any other action that may be taken, the project may be terminated.

| Name of the | he Aut | horized | Sign | atory | of the Applic | ant | | |
|---------------------------------|--------|---------|------|-------|---------------|-----------|----|-----|
| Signature Applicant Date: | | • | | the | Authorized | Signatory | of | the |