

**proposal format to be used by applicant in reference to SoP for direct empanelment of agency under state funded scheme ELSTP (amended)**

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**Ref:-F()RSLDC/ELSTP/SoP-Dir.Emp/2020-21/19263 Dated: 30/7/2020**

**Checklist for proposal submission under ELSTP (For Direct Empanelment)**

S. No.	Document Description	Page number	
		From	To
1.	Covering Letter as per <b>Annexure-1</b>		
2.	Applicant's Details along with required documents as per <b>Annexure-2</b>		
	Relevant document for Proprietorship/ Partnership Firm/ Private Limited Company/ Public Limited Company/ Society/Trust/Association/Government institutions/Public Sector Units/Universities/eminant government aided colleges/institute having affiliation or recognition of relevant board or council		
	Copy of PAN Card		
	Trade license/ Sales tax registration/IT registration (if any)		
	GST Registration		
3.	Audited Financials (Average Annual Turnover and Average net worth) for last three financial years as per <b>Annexure-3</b>		
	Balance sheet of last 3 years		
	Income Tax Return Acknowledgment for last 3 years		
4.	Details of active skill development centers as per <b>Annexure-4</b>		
5.	Training and Placement details as per <b>Annexure- 5</b>		
6.	List of companies/ organization for placement tie-ups as per <b>Annexure- 6</b>		
7.	An affidavit for not being blacklisted as per <b>Annexure-7</b>		
8.	Affidavit as per <b>Annexure- 8</b>		
9.	Copy of SoP Document with sign and seal of Company Secretary/ Authorized Representative and Signatory on each page of SoP document		

*Note: Agency must have to submit SoP documents as per the above checklist.*

**For and on behalf of:**

**Signature:**

**Name:**

**Designation:**

**(Authorized Representative and Signatory)**

**(Organization Seal)**

**Date:**

## Annexure -1:

### Covering Letter on Letterhead of the Organization with Correspondence Details

To, <Location, Date>  
The Managing Director  
Rajasthan Skills and Livelihood Development Corporation (RSLDC)  
J-8 A, Jhalana Institutional Area,  
Jaipur-302004

We, the undersigned, hereby submitting our proposal against **“SoP for direct empanelment of agency under State funded scheme ELSTP (Amended) ( Ref:- F() RSLDC/ELSTP/SoP-Dir. Emp/2020-21/19263 dated 30/7/2020)**

We hereby confirm that:

1. The proposal is being submitted by (name of the agency who is the applicant, in accordance with the conditions stipulated in the above said SoP).
2. We have examined in detail and have understood the terms and conditions stipulated in the SoP Document issued by RSLDC and in any subsequent communication will be sent by RSLDC. We agree and undertake to abide by all these terms and conditions. Our Proposal is consistent with all the requirements of submission as stated in the SoP or in any of the subsequent communications from RSLDC.
3. The information submitted in our Proposal is complete, is strictly as per the requirements as stipulated in the SoP, and is correct to the best of our knowledge and understanding. We would be solely responsible for any errors or omissions in our Proposal. We acknowledge that RSLDC will be relying on the information provided in the Proposal and the documents accompanying such Proposal for empanelment of the applicant for the aforesaid programme and we certify that all information provided in the application is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.
4. We acknowledge the right of RSLDC to reject our Proposal without assigning any reason or otherwise and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.
5. We satisfy the legal requirements and meet all the eligibility criteria laid down in the SoP.
6. This Proposal is unconditional and we hereby undertake to abide by the terms and conditions of the SoP.
7. We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

8. We understand that our proposal will be examined and evaluated by Project Appraisal Committee (PAC) in terms of eligibility and proposed courses and if found suitable, will be recommended for further process.

9. We are enclosing DD towards processing fee as under: -

Particular	Amount	DD No.	Date	Bank
Processing Fee	25,000/-			

*\*Processing fee is non-refundable*

10. This Proposal is made for expressing our interest for the purpose domain training and employment under ELSTP scheme of RSLDC as per following action plan:

S.No	District	No. of SDC	Sectors	Job Role/ Course*	Residential/ Non Residential	Target	Preparedness for implementation of proposed action Plan**

\* Write a brief note on how the proposed courses has better prospect of wage placements?

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*\*\* Preparedness plan for Infrastructure, Human resources, tools & equipment's, placement tie ups and other requisites with supportive documents. Agency should provide proof of availability of the SDC in the form of ownership document/ lease agreement. The Proposal Evaluation and Selection Committee may also inspect the premises of each institute for verifying the Infrastructure Presented in the proposal. The documentary proof has to be made available at respective training centers also for verification.*

In witness thereof, we submit this Proposal under and in accordance with the terms of the SoP document.

**For and on behalf of:**

**Signature: Name: Designation:**

**(Authorized Representative and Signatory) (Organization Seal)**

**Date:**

**Annexure -2:**  
**Important information and details**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Name of the Organization:	
2	Name and Designation of the Contact Person	
3	Address and Contact Details (E-Mail and Mobile No.) of the Contact Person	
4	Corporate website URL.	
5	Legal Status (Industry/Federation/Industry Associations/University etc.)	
6	Address of Head Office:	
7	Incorporation/ Registration status of the Agency	
8	Date of Incorporation/ Registration	
9	Number of Employees on the Payroll of the applicant organization	
10	PAN Number	
11	GST Registration Number	

*Note: Please provide supporting documents for the above information.*

**For and on behalf of:**

**Signature:**

**Name:**

**Designation:**

**(Authorized Representative and Signatory) (Organization Seal)**

**Date:**

**Annexure -3:**

**Financial Details**

**(Declaration by Chartered Accountant on Letterhead with his/her dated Sign and Seal)**

**To whomsoever it may concern**

On the basis of audited financial statements, we hereby certify that (Name of Agency) having registered office at (Office address) has an annual turnover/annual income from various activities including skill development and placement linked programs in the past three consecutive years, The details of annual turnover are mentioned below:

S No	Financial Year	Annual Turnover (INR) in Cr.	Net worth (INR) in Cr.
1			
2			
3			

*Note: Audited balance sheet and ITR for the past three years should be submitted by the Applicant, which must support Annual turnover and net worth.*

*Minimum criteria as per SoP:*

- 1. Minimum average annual turnover of Rs. 100 Crore- in case of Industries.*
- 2. Rs. 150 Cr. – Total member of Federations/Industry Association.*
- 3. Annual income of Rs 2.50 cr.in case of private Universities/colleges/institute.*

**(Chartered Accountant):**

**Signature**

**Name:**

**Registration No:**

**Contact No.**

**Seal**

**Date:**

**Annexure -4:**

**Training Centre Details (In case of applicant has prior experience in organizing skill development related programme)**

(Declaration by (Name of Agency) on his/ her organization letterhead with registration number, dated Sign and Seal by authorized signatory)

For each active skill development center:

S.No.	Particulars	Centre-1	Centre-2	Centre-3	Centre-4	Documentary evidences enclosed (Y/N)
1.	State					
2.	District					
3.	Name of the Scheme					
4.	Capacity of Training Centre					
5.	Residential accommodation capacity (If applicable)					

*Note: Please insert separate table for each State (if applicable) and more columns for training centers (if required). Also, please enclose Documentary Evidence regarding training Infrastructure available in the form of Two photos per Training Center, rent/ownership agreement. In the case of training centers with Residential Facilities separate photos for Residential accommodation including facilities such as Kitchen, Dining Hall and Living Room should be provided.*

**For and behalf of:**

**Signature:**

**Name:**

**Designation:**

**(Authorized Representative and Signatory)**

**(Organization Seal) Date:**

**Annexure - 5:**

**Training and placement details (In case of applicant has prior experience in organizing skill development related programme)**

Declaration by (Name of Agency) on his/ her organization letterhead with registration number, dated Sign and Seal by authorized signatory.

<b>Financial Year (last 3 years)</b>	<b>Sector</b>	<b>Total Number of candidates trained</b>	<b>Detail of supporting proof provided (Y/N)</b>	<b>Placement provided to number of candidates got trained</b>	<b>Detail of supporting document provided (Y/N)</b>

*\*For Industries, Federations/Industry Associations should have minimum 400 total placements in last 3 years OR capacity of 100 captive placement per year*

**Notes:**

*Please provide documentary Supporting proof as given below:*

*For Trainings conducted, self-attested copies of any of the following documents:*

- *Documents indicating experience in conducting similar 'Placement Linked Training Programme' with number of youths trained (self-attested printouts of verifiable information given by Government or donor agency will be accepted)*
- *Self-attested detailed list of youth trained in proposed sectors*

*For Placements conducted, self-attested copies of any of the following documents:*

- *Documents indicating experience in conducting similar 'Placement Linked Training Programme' with number of youths trained (self-attested printouts of verifiable information given by Government or donor agency will be accepted)*
- *Self-attested detailed list of youth placed with name & contact detail of youth and employer and salary of the candidate.*
- *Letter from the employer confirming employment of trainees from the institute or agency clearly indicating the date of recruitment, numbers recruited and sector/category of work.*

**For and behalf of:**

**Signature:**

**Name:**

**Designation:**

**(Authorized Representative and Signatory)**

**(Organization Seal) Date:**



**Annexure -6:**

**List of companies/ organization for placement tie-ups/engagement are in existence (at least 10 employer)**

<b>S No</b>	<b>Name of Company/Organization</b>	<b>Address</b>	<b>Sector (Ex. Automobile/Retail/ Manufacturing, etc.)</b>	<b>Proposed intake capacity ( Tentative)</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*\*An Applicant has to provide valid proof of tie ups with above companies/ organization (MoU, agreement, etc.)*

**OR (In case of captive placement)**

We, the undersigned, hereby submitting our proposal against “SoP of direct empanelment of agency under State funded scheme ELSTP (Amended) (Ref: - F () RSLDC/ELSTP/SoP-Dir. Emp/2020-21/19263 dated 30/7/2020) and confirm that we have capacity of 100 captive placement per year.

**For and behalf of:**

**Signature:**

**Name:**

**Designation:**

**(Authorized Representative and Signatory)**

**(Organization Seal) Date:**

**Annexure -7:**

**An affidavit for not being blacklisted**

(An affidavit on a non-judicial stamp paper of minimum 50/- by agency's Secretary/ Authorized Signatory with his/her dated Sign and Seal)

**AFFIDAVIT**

We, ( Name of agency) having its registered office at ( office address) do hereby declare that the applicant has not been blacklisted/debarred by any donor agency/ State Government/Central Government authority for breach on our part.

**For and on behalf of**

**Signature:**

**Name: Designation:**

**(Authorized Representative and Signatory)**

**(Organization Seal)**

**Date:**

**Annexure -8:**

**(Affidavit on non-judicial stamp paper by Authorized Representative of the applicant with his / her dated signature and organization seal)**

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**AFFIDAVIT**

I/We do hereby certify that all the statements made in our proposal and all the claims /commitments expressed or implied against **“SoP for direct empanelment of agency under State funded scheme ELSTP (Amended) ( Ref:- F) RSLDC/ELSTP/SoP-Dir. Emp/2020-21/19263 dated 30/7/2020) ”**

1. The required attachments are true, correct and complete. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my proposal at any stage besides liabilities towards prosecution under appropriate law.
2. I/We, on behalf of ..... (Name of the organization), with its registered office at ..... do hereby declare that the abovementioned enterprise is not under a declaration of ineligibility for corrupt and fraudulent practices or for any other reason, whatsoever and has not been blacklisted / debarred by the Government of India or any of its agencies, including public enterprises and or by any State Government or any of its agencies.
3. I/We on behalf of ..... (Name of the organization) do hereby affirm and undertake that we have carefully read and understood the whole of the scheme documents and will unconditionally abide by all the terms and conditions given in the scheme document and process and cost norms of Rajasthan Skills and Livelihood Development Corporation (RSLDC) and also as amended time to time by RSLDC.
4. I/We understand that the proposal inviting authority is not bound to accept any or all proposals that it may receive.
5. I/we hereby give our consent to follow all the norms as stipulated in Guideline of ELSTP Scheme of RSLDC (As amended from time to time)

*Note: in case of foreign entity, a self-undertaking on organization letter head will suffice.*

**For and on behalf of:**

**Signature:**

**Name:**

**Designation:**

**Date:**

**(Organization Seal)**