



ORISSA STATE EMPLOYMENT MISSION
Govt. of Orissa, Niyojan Bhavan, Kharvelnagar, Sriya Square, Bhubaneswar.
Tel .No. 0674-2391320, Fax – 0674-2391320
EXPRESSION OF INTEREST (EOI)



FROM TRAINING PROVIDERS FOR IMPARTING TRAINING UNDER SKILL DEVELOPMENT INITIATIVES (SDIs) BASED ON MODULAR EMPLOYABLE SCHEME

National Skill Development Mission has been launched by Govt. of India with a view to create 500 million skilled workers in the country by the year 2022 in order to empower all individuals through improved skills, knowledge, nationally & internationally recognized qualifications to gain access to decent employment. Under this initiative there is enough scope for Industries/ Private Institutions/ NGOs / Corporate Houses and other stake holders having necessary infrastructure facilities to be part of the training process.

With a view to fulfill this objective, State Employment Mission invites EOI from renowned, experienced, well established, reputed Institutions, organizations, NGOs, Corporate bodies having adequate infrastructure facilities for registration of Vocational Training Providers (VTPs) for facilitating vocational training & skill up-gradation to school / college drop outs, existing uncertified workers, unemployed youths etc for improving their employability.

To provide vocational training & skill up-gradation to these target groups, Govt. of India, ministry of Labour & Employment & DGE & T have launched demand driven short term training process in 1004 modules in 58 different sectors with training duration ranging from 90 hrs to 960 hrs based on Modular Employable Scheme. The details about the sectors & modules are available at <http://dget.nic.in/mes/index.htm>

- The cost of training @ Rs.15/- per hour and skill assessment fees is reimbursable to the successful candidates by the GOI.

The MES programme will be implemented through the selected Vocational Training Providers (VTPs) who will be registered with Regional Directorate of Apprenticeship Training, Hyderabad under the above Ministry. For Registration, they have to deposit registration fees amounting to Rs.2000/- in shape of Demand Draft drawn in favour of “Director of Employment-cum-Employment Mission” along with the application form.

Registered organizations, NGOs, Firm, Industries and other Stake holders having requisite infrastructure & good track record in the field of skill training & professional experience of minimum of 5 years are requested to submit their EOI. The EOI must contain the technical details like organizational set up, background, experience and track records in terms of imparting training. Envelope containing the applications should be sealed in a covering envelope super-scribed with words “**EOI for imparting training under Skill Development Initiatives (SDIs) based on modular employable scheme**”. The details regarding instruction for submission of EOI and formats for submitting Technical Informations can be downloaded from Govt. of Orissa portal www.orissa.gov.in under **Advertisement Section** and also from www.dtetorissa.gov.in

The application format and details regarding MES under SDIs scheme is available at <http://dget.nic.in/mes/index.htm> .

The EOI should reach the above address on or before 5 P.M. by 25th January 2010.

Employment Mission reserves the right without any obligation or liability to accept or reject any or all the EOIs at any stage of the process, to cancel or modify the process or any part thereof or to vary any of the terms and conditions at any time, without assigning any reason whatsoever.

Director of Employment-cum-
Employment Mission, Orissa.

INSTRUCTIONS FOR SUBMISSION OF EOI

The EOI should be submitted in 2 Parts. Part 1 must contain the application in the prescribed format duly filled in. The part 2 of the EOI must contain the technical details like organizational set up, background, experience and their track records in terms of training. Part 1 & Part 2 should be submitted in separate envelopes, clearly mentioning **Part 1 (Application in prescribed form)** & **Part 2 (Technical Information)** on the respective envelopes.

Both the envelopes should be **sealed in a covering envelope** super-scribed **with words** ““EOI for imparting training under skill development initiatives (SDIs) based on modular employable scheme” and should be addressed to

**Director of Employment–cum– Employment Mission
Orissa State Employment Mission
Niyojan Bhawan, Unit – III, Kharvel Nagar, Sriya Square,
Bhubaneswar -751 001**

The EOI should reach the above address on or before 5 P.M. by 25th January 2010

Foramts and documents to be submitted with Part 1 & Part 2

Part 1 (Application in prescribed form supported with relevant documents)

Part 2 (Technical Information)

- Formats T1-T6
- Copy of the certificate of registration of the firm
- Copy of PAN
- Copy of Service Tax registration certificate
- Copy of the Company profile.
- Copy of the MOUs / work orders / contracts of the assignments undertaken during the last two years in support of the information provided in Format T- 4 &T-5.
- Copies of the Annual audited financial statement certified by the Chartered Accountant/Annual Report of the Firm in support of the information provided in Format T- 6.

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FORMATS

**PART – I: PRESCRIBED APPLICATION FORMAT WITH
SUPPORTED RELEVANT DOCUMENTS TO BE SUBMITTED**
(available at <http://dget.nic.in/mes/index.htm>)

**ORISSA STATE EMPLOYMENT MISSION, Govt. of Orissa
Kharvel Nagar, Sriya Square,
Bhubaneswar**

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FORMATS

PART – II : TECHNICAL INFORMATION



**ORISSA STATE EMPLOYMENT MISSION, Govt. of Orissa
Kharvel Nagar, Sriya Square,
Bhubaneswar**

PART - II

Format T1

(To be furnished in the Part –II: Technical Information)

TECHNICAL INFORMATION SUBMISSION FORM (On the letterhead of the firm)

[Location, Date]

To

The Director of employment-cum-,
State Employment Mission, Orissa.

Re. : Expression of Interest for imparting training under skill development initiatives based on
MES scheme.

Dear Sir,

We, the undersigned, are hereby submitting our Expression of Interest, which includes the filled in Application Form in the prescribed format and Technical Information sealed under separate envelopes.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

I hereby declare that our Organization / Institution has not been debarred / black listed by any Government / Semi Government organizations. I further certify that I am the competent authority in my Organization authorized to make this declaration.

We understand you are not bound to accept any proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm / Organisation : _____

Address: _____

Company / Organization Seal

Format T2

(To be furnished in the Part –II: Technical Information)

General Information of the Firm / Organization
(On the letterhead of the firm / **Organization**)

A. Name of the Firm / Organization : _____

B. Particulars of Firm / Organization.

Incorporated as _____ in year _____ at _____
(State Sole Proprietor, Partnership, Private Limited or Limited Firm / Company / Organization)

(furnish the copy of the Certificate of Incorporation/Registration Certificate)

I. Registered Office Address :

II. Branch office address in Orissa (if any) :

III. Name of the top executive and
authorized signatory :

IV. Designation :

V. Telephone Numbers :

VI. Fax Numbers :

VII. E-mail :

VIII. Website :

IX. Mobile No. :

X. No. of years of proven experience
of providing similar services :

XI. Income Tax No. (PAN) :
(furnish copy of the PAN)

XII. Service Tax registration No. :
(furnish copy of the service tax registration certificate)

Xi. Labour license No. :
(furnish copy of the labour license)

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm / Organization: _____

Address: _____

(Company Seal)

FORMAT T-3

(To be furnished in the Part –II: Technical Information)

PROFILE OF THE FIRM / ORGANIZATION

Pl. attach the detail profile of the Firm / Organization

FORMAT T – 4

(To be furnished in the Part –II: Technical Information)

(Details of Firm's / Organization's experience in participating similar training programme within and outside Orissa)

Name of the Training Programme along with trades / branches in which training imparted	* Name of the State Govt. Agency /Organization for which training conducted	Year of training & duration	Name of the sectors & courses (out of the 58 sectors) in which training is propose to be conducted	Maximum intake capacity per batch	Availability of required infrastructure / work shop facilities	Brief scope of work of the firm / Organization

(use separate sheets if space provided is not sufficient)

* The Firm must attach the documents, i.e. MOUs / contracts of the assignments in support of the information provided above.

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm / Organization: _____

(Organization Seal)

FORMAT T – 5

(To be furnished in the Part –II : Technical Information)

LIST OF CLIENTS

(Details of Firm's / Organization's experience in post training placement support if any during the last two years)

Name of Assignment *	Name/address of Organization for which recruitment/placement work has been undertaken	Expected Salary (Rs.)	Role of your firm / Organization

(use separate sheets if space provided is not sufficient)

* The Firm / Organization must attach the supporting documents, i.e. photocopies of work orders / contracts of the assignments undertaken during the last two years in support of the information mentioned above.

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Firm / Organization: _____

(Company Seal)

FORMAT T – 6

(To be furnished in the Part –II: Technical Information)
(TURNOVER DETAILS OF THE FIRM / ORGANIZATION)

Financial Year	* Turn-over (In Rs.)	Profit before taxes (PBT)	Profit after taxes (PAT)
2006 – 2007			
2007 – 2008			
2008 – 2009			
Average Turnover of the last three Finance Years (In Rs.)			

* Note : Please attach copies of the Annual audited financial statement certified by the Chartered Accountant/Annual Report of the Firm in support of the information provided above

Authorized Signatory [*In full and initials*]:

Name and Title of Signatory:

Name of Firm / Organization :

(Company Seal)