



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



**FOR PLACEMENT LINKED TRAINING PROGRAMME FROM TRAINING PROVIDERS**

State Employment Mission invites EOI from reputed Organizations / Corporate Bodies/ Training, Education, Learning and Skill building Providers with adequate infrastructure facilities from within and outside the state for facilitating placement linked Training Programmes. The main objective is to groom the youth of the State to become “Market Ready” by sharpening their skills in the various demand driven sectors and ensuring 100% placement in the process.

Since this is basically a training programme directly linked to placement, payment of training cost will depend upon percentage of placement which means 100% payment of training cost will require cent percent placement. Pro rata payments to be made as per percentage of placement in case of achievements below 100%. Placement of a trainee should be of permanent nature and should carry a minimum monthly salary of Rs.4000/ inside the state in sectors like Services. It should be proportionately higher in certain other sectors and especially in case of posting outside the state. Payments will be made only after placement and necessary verification.

Registered Organizations, Agencies and other Stake holders with professional experience in the field of capacity building and Skill building who in partnership with various government funded schemes for livelihood, employability generation and placement services are conducting such programmes are requested to submit their EOI. The EOI should be submitted in 2 Parts. Part 1 of the EOI must contain the technical details like organizational set up, background, experience and their track records in terms of training vis -a- vis placement in different sectors/ branches / areas during the last two years, endorsement from clients, No. of jobs that can be ensured in different areas/sectors on completion of training. The part 2 of the EOI must contain the financial implications for undertaking such training. Part 1 & Part 2 should be submitted in separate envelopes, clearly mentioning Part 1 & Part 2 on the respective envelopes. Both the envelopes should be sealed in a covering envelope super-scribed with words “**EOI FOR PLACEMENT LINKED TRAINING PROGRAMME**” and to be addressed as mentioned above. Agencies which are short listed after assessment of Part 1 will only be considered for evaluation for Part 2. The detailed formats of Part 1 & Part 2 which are to be submitted can be downloaded from Govt. of Orissa portal [www.orissa.gov.in](http://www.orissa.gov.in) under advertisement section and also from [www.dtetorissa.gov.in](http://www.dtetorissa.gov.in).

While short listing, due weight age will be given to the following factors:

1. Experience in conducting such placement linked training programme.
2. Track – record in terms of placement during the last two years.
3. No. of jobs that can be ensured in different sectors on completion of training
4. Payment involving lesser training cost.

All the prices (even for taxes) are to be entered in Indian Rupees ONLY. The cost of training should include all Taxes, Duties & levies wherever applicable. OSEMS reserves the right to ask the Bidder to submit proof of payment against any of the taxes, duties, levies indicated. For the purpose of finalization of commercial bid involving training cost, OSEMS shall make appropriate assumptions to arrive at a common bid price for all the bidders..

The EOI should reach the above address on or before 5 P.M. by 25<sup>th</sup> February 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

## **INSTRUCTIONS FOR SUBMISSION OF EOI**

The EOI should be submitted in 2 Parts. Part 1 of the EOI must contain the technical details like organizational set up, background, experience and their track records in terms of imparting training in different branches / areas during the last two years & No. of persons placed on completion of training, endorsement from clients etc. The part 2 of the EOI must contain the financial implications for conducting placement linked training programme. Part 1 & Part 2 should be submitted in separate envelopes, clearly mentioning **Part 1 (Technical Information)** & **Part 2 (Financial Information)** on the respective envelopes.

Both the envelopes should be sealed in a covering envelope super-scribed with words “**EOI FOR PLACEMENT LINKED TRAINING PROGRAMME**” 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 \_\_\_\_\_ 25<sup>th</sup> February 2010

### **Formats and documents to be submitted with Part 1 & Part 2**

#### **Part 1 (Technical Information)**

- Formats T1-T7
- 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 / contracts of the assignments in support of the information provided in Format T- 4.
- Copy of work orders / contracts of the assignments undertaken during the last two years in support of the information provided in Format 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-7.

#### **Part 2 (Financial Information)**

Format-F1

**EXPRESSION OF INTEREST**

**FOR**

**PLACEMENT LINKED TRAINING PROGRAMME**

**FROM TRAINING PROVIDERS**

**FORMATS**

**PART – I: TECHNICAL INFORMATION**

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

**FORMAT T – 1**

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

**TECHNICAL INFORMATION SUBMISSION FORM**

(On the letterhead of the firm)

[Location, Date]

To

The Director,  
State Employment Mission,  
Orissa.

Re. : Expression of Interest for imparting placement linked training programme.

Dear Sir,

We, the undersigned, are hereby submitting our Expression of Interest, which includes Technical Information and Commercial 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 company has not been debarred / black listed by any Government / Semi Government organizations. I further certify that I am the competent authority in my company 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: \_\_\_\_\_

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

Company / Organization Seal

## FORMAT T – 2

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

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

**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)

*(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. Mobile No.:
- IX.** Income Tax No. (PAN) :  
(furnish copy of the PAN)
  
- X. Service Tax registration No. :  
**(furnish copy of the service tax registration certificate)**
  
- Xi. Labour license No. (if any)  
**(furnish copy of the labour license)**

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

(Company / Organization Seal)

## **FORMAT T-3**

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

### **(Details of Firm's / Organization's experience in imparting similar Placement linked Training Programmes 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 and Address of Organization in which Recruitment / Placement of trainees has been made on completion of training.	Salary Range of the Placed persons in (Rs.)	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 : \_\_\_\_\_

(Company / Organization Seal)

## **FORMAT T – 5**

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

**(Details of the Sectors / Branches in which training is proposed to be conducted)**

<b>Name of the Sectors</b>	<b>Name of the Branches / Courses</b>	<b>Course Duration</b>	<b>Mode of selection of trainees</b>	<b>Maximum intake capacity per batch</b>	<b>Availability of required infrastructure / workshop facilities</b>	<b>Mode of training delivery methodology</b>	<b>Certification Process</b>	<b>Brief scope of work of the firm / Organization</b>

**\*\* (Use separate sheets if space provided is not sufficient)**

\* The Firm 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 / Organization Seal)

## FORMAT T – 6

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

**(Capability of the Firm / Organization in extending post training placement support/ jobs after completion of training)**

<b>Category of Job</b>	<b>Proposed Client List (Pl. list the details of the clients with whom the organization has tie-up for Placement)</b>	<b>Expected Salary (Rs.) (This may be given on a sector wise basis and separately for inside &amp; outside the state)</b>
Technical		
Non-Technical		
Below Matriculation Level		

**\*\* (Use separate sheets if space provided is not sufficient)**

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Firm / Organization: \_\_\_\_\_

(Company / Organization Seal)

## **FORMAT T – 7**

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

### **(TURNOVER DETAILS OF THE FIRM / ORGANISATION)**

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

**\*\* (Use separate sheets if space provided is not sufficient)**

\* 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 / Organization Seal)

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**FORMATS**

**PART – II : COMMERCIAL INFORMATION**

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

## **FORMAT – F1**

### **Training Fees**

*To be furnished in the Part II : Commercial Information*  
(On the letterhead of the Firm / Organization)

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

Sl. No.	Description of Services	Category	No. of days / hour of the proposed training	Training Fees per candidate placed after successful completion of training (in Rs.) (Inclusive of all taxes)
	<b>Training Fees</b>	Technical		
		Non -Technical		
		Below Matriculate		

**\*\* (Use separate sheets if space provided is not sufficient)**

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Firm / Organization: \_\_\_\_\_

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

(Company / Organization Seal)