

Appendix XII

Application Form - Additional Qualification Pack (QP) Approval

Note: This form is to be submitted, when a Training Partner is already Accredited and Affiliated to LSSSDC, and wish to apply for additional QP. The single or multiple Additional QP(s) may be applied for single or multiple centres through this Application. In case centre, for which QP is applied, is not an accredited or affiliated centre, then the process of accreditation and affiliation must be completed prior to submission of this application.

1. Name of the Training Partner: _____
2. Address of corporate office: _____

City: _____ State: _____ Pin Code: _____
3. Phone (Land Line of Institute): _____
4. LSSSDC Affiliation Number:- _____
(Please attach a copy of Accreditation and Affiliation letter)
5. Is the Centre Accredited and Affiliated for which the QP is applied ----YES / NO
6. Please mention Centre details
 - a) Centre Name: _____
 - b) Address: _____
 - c) Centre SPOC Name: _____ Mobile : _____
 - d) Accreditation No: _____
 - e) LSSSDC Affiliation No: _____
 - f) Date of Accreditation: _____ Date of Affiliation: _____
 - g) No of QPs for which centre is already affiliated: _____

7. Please provide details of the QP which are already running at the centre in the following table

Centre Number	QP Name & Code	Affiliated to Sector Council	No of People skilled till date

8. Please also attach the proof of QP fee deposited with LSSSDC (Refer Annexure 4 - Schedule of Charges)

9. Mention the Qualification Pack(s) you wish to apply in the following table

Sr No	QP Name & Code	Centre Name, & Centre Number & Address	(Please (✓) if applicable and (✗) if not applicable for the scheme you wish to apply)		
			General (not under any scheme)	PMKVY (Pradhan Mantri Kaushal Vikas Yojna)	Other (please specify)

10. Details of Teaching Staff if any(Please attach CVs)

Sr No.	Name	Designation	Educational Qualification	Teaching experience or certificate	Industry experience	Regular or Visiting

11. Kindly mention details of industry Network in the following Table. Attach documentary proof of Industry Tie up with the application.

Sr No	Name & address of the Company	Job Role for which tie up has been made	Purpose (Practical, Internship, OJT, Placements) Please attaché relevant MOU	Period for which agreement has been made (provide dates)	Please provide a copy of MOU. (MOU attached YES / NO)

12. Details of Methodology adopted for Mobilization of trainees. Certify the existence of the aspects listed below and attach relevant proofs.

Aspect	Yes/No	Remarks
Advertisement in Local Newspaper		
Pamphlets/Brochures		
Counseling Session in colleges/Schools		
Tie ups with Colleges		
Tie ups with NGO's		
Any Other Mobilization Strategy (Attach Detailed plan)		

13. Kindly share the detailed plan for internship.

14. Kindly share the detailed plan for placement along with Industry tie ups proofs.

Undertaking

I, _____ (Name) _____ (Designation) declare that the information furnished in this application is true and take complete responsibility of the authenticity of all the information. I have read and understood 'Terms and Conditions' and Guidelines in the LSSSDC – VTP Protocol and promise to abide by it.

Signature: _____

Date: _____

Place: _____

Stamp / Seal Of the
Institute