

Appendix I

Application Form

1. Name of the Applicant Company / Organisation:

Address (Corporate office):

City: _____ PIN: _____

Phone: _____

Category (circle the applicable option) : Public / Private / Partnership / Proprietary

2. Name of the Head of the Organisation Company:

Designation: _____

Contact No. _____ Mobile No.: _____

Email Id: _____

3. The Organisation is registered under: _____

4. Date of Registration: _____

5. Registration No. _____ (Please attach a copy of registration certificate)

6. PAN No. _____ (Please attach a copy)

7. TAN No. _____ (Please attach a copy)

8. Annual Turn Over of the organisation in last three years: _____
(Please attach balance sheet and IT returns)

9. No of Branches (_____) and their location (mention only those places, where company has permanent staff and physical presence of office):

10. Organisation Structure: Kindly attach a brief on structure of Organisation. Key persons and their roles.

11. Are you associated with other Sector Skill Councils? Yes / No

12. If Yes please furnish the following data

Name Of SSC	Period of association	No of QPs assigned	Total No of trainees assessed till date	No of trainees assessed / year

13. Other Institutes for which the applicant organisation is associated as assessment partner.

Name of the Institute	Period of association	Sector specification	No of QPs /courses assigned	Total No of trainees assessed till now

14. Please share the operating protocol for the following functions:-

- Selection of Assessors
- Orientation of Assessors
- Method of end to end coordination with SSC/VTP for assessment
- Procedure of compilation and declaration of result to SSC
- Quality checks measures taken by organisation to ensure standards of examination, assessor, result compilation and generation.

15. List of QP(s) for which affiliation is applied:

Sr No.	LSSSDC listed QP applied for	Geographical Area Preference

16. Assessors details:

QP	List of Assessors	Qualification	Experience	Region of Availability



Life Science Sector Skill Development Council

17. What is the annual attrition rate of assessors: _____

18. Applicant Body agrees and promises full support in getting the assessors trained by LSSSDC. Yes / No

19. Payment details:

Demand Draft / Cheque No: _____ Dated: _____

For Amount: Rs _____ (in figures)

(In words): _____

Payment made towards: Application Fee and Due Diligence

Note: By signing this document, it is implied that Assessment Body as an applicant and after affiliation agrees to comply at all times with all Terms and Conditions for affiliation by.

Name of the Assessment Body:

Name of Director or his/her Authorized Representative: _____

Signature: _____

Date: ____/____/____

Place _____

For Internal use

Name of the person receiving the application: _____

Signature: _____

Date: ____/____/____ Time: _____ AM / PM

Place: _____

Note: This is to be produced on letter head of the institution, duly stamped, and signed by an authorised signatory.

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