



**Life Sciences Sector Skill Development  
Council**

**Application Form**

**For**

**Vocational Training Partner**



**Instructional Guidelines**

Instructions to be followed while filling the form:

- **Only Spiral bound** docket of the filled application and documents shall be accepted.
- It is mandatory to fill all the columns of the form.
- Use capital letters as far as possible for better readability.
- Please refer to Appendix documents where ever applicable.
- VTPs applying for Technical QPs must declare availability of equipment along with this application. List of equipment is available on website separately.
- Attach supporting documents wherever required.
- You may use extra sheet to provide additional information, if required.
- The progress on application shall be provided by to Applicant VTP through mails.
- For all the enquiries and clarifications from please contact :  
**Name:** Mr. Siddharth Sibal – Deputy Manager – Marketing and Operations / [siddharth.sibal@lsssdc.in](mailto:siddharth.sibal@lsssdc.in) / **Mobile:** +91-7289008978  
**Office:** Land line: +91-11-41042408 **Fax:** +91-11-41042409  
**Address: HO:** 14, Palam Marg, 2<sup>nd</sup>Rear Floor, Vasant Vihar, New Delhi – 110057, India
- The form has four Sections:
  1. Institution and Management profile and Organizational Governance
  2. Financial performance
  3. Training Operations
  4. Infrastructure requirement

## Section 1

### Institution and Management Profile and Organizational Governance

1. Name of the Institution : \_\_\_\_\_
2. Address of corporate office.  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_
3. Phone (Land Line of Institute): \_\_\_\_\_
4. Year Of Establishment: \_\_\_\_\_
5. Institute is Registered: Yes / No (Please attach registration Certificate)
6. Registration Number: \_\_\_\_\_
7. Registered with name: \_\_\_\_\_  
\_\_\_\_\_
8. Website: \_\_\_\_\_
9. Provide details of all the location(s) where Skilling shall take place, i.e. batches shall be run for LSSSDC courses.

Sr No.	Name of the Institute	Address	Year of establishment

10. Has your Institute implemented any government funded or sponsored skill development Program during the last 2 year : Yes / No (If yes, please attach the details)

11. Is your institute a NSDC Partner: Yes / No (If Yes, please attach detail)

12. Has your Institute been funded by NSDC: Yes / No (If Yes, please attach details)

13. The category under which the Accreditation is requested :

- a. General /Open
- b. Any Govt. scheme –(Please mention name of the Scheme)

PMKVY / specify if other

14. Mention the Job Roles for which application is being filed (please refer to Appendix – III)

Sr No	QP Code	Name of QP	PMKVY	General / Open category
			(Please( ✓) if applicable and (×) if not applicable	

15. Name(s) and contact details of the Institute Director/s:



# Life Science Sector Skill Development Council

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## 16. Name(s) of Promoters:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## 17. Details of the Accreditation coordinator of VTP

Name: Mr /Mrs/Ms \_\_\_\_\_

Age: \_\_\_\_\_ years

Gender: Male / Female

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

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Head Office: 14, Palam Marg, Vasant Vihar, New Delhi – 110057 Phone: +91-11-41042408



# Life Science Sector Skill Development Council

\_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Designation: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Total Work Experience: \_\_\_\_\_ years \_\_\_\_\_ months

Experience in Skill development space: \_\_\_\_\_ years \_\_\_\_\_ months

Any Achievements (or any other information worth sharing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Institute's prior experience in Skill Development activities:

Sr No.	Nature of activity (Describe in brief)	Duration	From date – To date	Sector (mention the name of sector)	No. of Trainees certified

19. Is the Institute Recognized / registered with any certifying body? If Yes, Please mention the following (Please attach Copy of Recognition certificate) :

\_\_\_\_\_ Head Office: 14, Palam Marg, Vasant Vihar, New Delhi – 110057 Phone: +91-11-41042408

19.1 Name of the Body with which recognized:

\_\_\_\_\_

19.2 Recognition No. \_\_\_\_\_

19.3 Year of Recognition: \_\_\_\_\_

19.4 Validity of Recognition: \_\_\_\_\_

20. Is the Institute recognized with any regulatory body? Yes / No

20.1 Name of the Body with which recognized:

\_\_\_\_\_

20.2 Recognition No. \_\_\_\_\_

20.3 Year of Recognition: \_\_\_\_\_

20.4 Validity of Recognition: \_\_\_\_\_

21. Educational Qualifications and Experience of the Director/s and the Key Management Team members:

Name	Designation	Educational Qualifications	Overall Work Experience (in years)	Experience in the Skills Training Space	Key Achievements in the Skills Development (attach supporting document if available)
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	

22. Educational Qualifications and Experience of Promoter(s):

Name of the Promoter(s)	Educational Qualifications	Overall Work Experience (in years)	Experience in Healthcare / Life Sciences sector	Prior Experience in the Skills Training Space
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

23. "Mission Statement" of the Institute:

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24. Please provide a copy of "Operation Manual" of your institute. It must cover the following:

- a) Background of the Institute
- b) Organization Structure
- c) Details of other Accreditation, if applicable
- d) Industry Linkages
- e) Profile of Senior and middle management
- f) Profile of Trainers
- g) Details of infrastructure, workshop, store etc.
- h) Process of internal evaluation
- i) Placement cell and its placement record

25. Please provide a copy of "HR Policy" having details of-

- a) HR Practices
- b) Recruitment policy
- c) Evaluation policy
- d) Safety policy



**Section 2****Financial Performance**

26. PAN No. of the Institute: \_\_\_\_\_ (please attach photocopy)

27. TAN No. of the Institute: \_\_\_\_\_ (please attach photocopy)

28. Turnover of the Institute: (Please attach Audited balance sheet of last 3 years & Bank details)

Year	Turn-over (Rs.)

29. Does the Institute receive any grant from Govt. of India / State Government / Union Territory or any other source? (please attach details of the grants received in last 3 years)

Year	Grant Received (Rs)

30. Revenue Sources

Sources	Year	Revenue

31. Provide list of all statutory and regulatory compliances followed by the institution.

32. Please provide your business plan explaining how it shall be capable of sustaining a sound Vocational Training Program. Provide details under following heads

1) If Institute management and course management agencies are different please provide details. Applicant's details are already mentioned in beginning of the Appendix I, hence details of the other must be provided as under:

1.1) Name of the Agency: \_\_\_\_\_

1.2) Address: \_\_\_\_\_

1.3) Director: \_\_\_\_\_

1.4) Chief Coordinator: \_\_\_\_\_

1.5) Email Id: \_\_\_\_\_

1.6) Contact Number: \_\_\_\_\_

2) Financial flow chart (Please show revenue flow scheme)

- Incoming revenue
- Operational cost per student per month
- Trainer Cost (salary etc)
- Other expenses
- % of profit foreseen on a batch

3) Plan for continuous & sustained flow of admissions. What sort of actions are planned to attract students to the courses.

What will be the target segment to attract students

4) Plans to maintain quality course delivery.(example: regular assessments, quality of faculty, innovative course delivery plans etc)

5) Placement plans and its implementation strategy (Please describe how would you make arrangements to place your certified students)

6) Business USP(s) – What special efforts/ facilities/ value add you intend to provide to your Candidates

## Section 3

### Training Operation

Please certify the existence of following processes. The Institute shall produce the certified documents to the Accreditation Assessor.

33. Details of Head of Institute and Teaching Staff (Please attach CVs and appointment letters)

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

34. Details Administrative and Support staff (Please attach CVs and appointment letters)

Sr. No.	Staff	Educational Qualification	Experience in yrs	Permanent/ temporary	Total no.
1.	Lab Assistant				
2.	Admin Executive				
3.	Accountant				
4.	Peon				
5.	Sweeper				
6.	Counselor				
7.	Other (describe)				

35. Course Delivery process and documentation

Process	Yes	No

Delivery plan session wise for each NOS per QP		
TDP – Training Delivery Plan (Refer to TDP format)		
Documentary proof of industry agreement to be attached for the arrangement of (to be attached with the application) Refer to VTP-Industry MOU <ul style="list-style-type: none"> <li>• Industry visits</li> <li>• Apprenticeship</li> <li>• Internship</li> </ul>		

36. Details of the course ware.

Aspect	Yes / No	Describe in brief
Process of development of course content on the basis of QP and NOS approved by		
Content developed by	Internal team / External agency	Name:
Trainers Guide		
Participant Manuals		

37. Details of the Training Process for the courses offered.

Aspect	Yes/ No	Remarks
Time table		
Delivery plan		
Monitoring and evaluation process of students – continuous assessments, tests, examination etc.		
Management of student evaluation records		
Lab/ workshop exposure and its linkage to theoretical delivery		
Industry visits		

38. 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)	MOU attached YES / NO

39. Please provide a written document on Industrial Training process.

40. Existence of Documentary proof for the following activities. To be produced at the time of accreditation inspection

Sr No	Activity	Existence of records	Describe format (register/ digital/ applications etc)
	Visitor Register (Gate Register)		
	Student Daily Entry and Exit Register (Gate Register)		
	Student Attendance Register		
	Staff and Teacher attendance register		
	Stock register / record		
	Fee received records		
	Placement register / record		

## Section 4

### Infrastructure Requirement

41. Provide the availability of aspects related to the Infrastructure:

Aspect	Status (To be filled by VTP)	Remarks
Building Own /Rented/ On Lease		Please attach rent / lease agreement / proof of ownership Please attach Electricity Bill
Area of Institute Premises		Please attach blue print / map of the premises
Size of classrooms	..... Sqft per class room	Please attach blue print / map of the premises
Number of classrooms		Please attach blue print / map of the premises
No of Laboratories		Please attach a list of equipment available in the lab
Size of Labs		
Safe drinking water	Yes/No	(Brief the nature of water dispenser)
Power back up	Yes/No	
Separate toilet for Boys and Girls (yes / no)	Yes/ No	
Provision of transport facility, if applicable (Yes / No)	Yes/ No	
Common Room Arrangement	Yes/ No	

42. Certify availability of training tools and aids

Sr No.	Tool	Quantity (available/unavailable)
1	White / black board	
2	Flip charts	
3	Posters	
4	Models	
5	Projector	
6	Others (specify)	

43. Details on Health and Safety of the learners / staff / Facility .Certify the existence of the aspects listed below. (To be produced during physical assessment)

Aspect	Yes	No
Staff training on crisis handling		
Availability of equipment required for covering indoor and outdoor emergencies		
Documented process on providing training on the equipment on indoor and outdoor emergencies		
Availability of equipment required for fire safety		
Documented process on providing training on the fire safety equipment		
Compliance to the regulatory norms related to health and sanitary conditions		
Compliance to the regulatory norms related to Sexual harassment		
Record of staff and students trained on sexual harassment safety measures and policy		
Waste disposal process (from source to site dumping)		
First aid Box		

44. Provide the availability of aspects related to the Learning Environment:

Aspect	Yes	No

Are the classroom illumination levels sufficient		
Are the classroom ventilated enough		
Do the classroom and rest of the centre maintain the required cleanliness		
Do the classroom and rest of the centre weather protected		

45. Library details

Total Number of books	
Course related books	
General Reading	
Current affairs books	
Magazine	
Daily News Papers	

46. Details of Methodology adopted for Industrial Interface. Certify the existence of the aspects listed below and will have to be physically produced to the accreditation assessors.

Aspect	Yes/No	Remarks
Number of company tie ups from the industry (details to be provided in appendix VI)		
Documentation process of engagement of experts from the industry		

47. Details of Methodology adopted for Student Development and Placement. Certify the existence of the aspects listed below and will have to be physically produced to the accreditation assessors.

Aspect	Yes/No	Remarks
Documentation process of imparting soft skills training (behavioral skills, customer care skills, sales skills, interview skills etc)		
Documented process of providing guidance to students on placements		
Placement process map		
Record of placed students		
Record of feedback of placed students		
Record of feedback from employer		



Average number of students placed per year	No.	%
Average number of students placed in last 3 years	No.	%

48. Existence of documentary evidence of the process adopted for performance monitoring

Entity	Methods adopted	Yes / No	Remarks (mention if other methods are applied)
<b>Teacher</b>	Attendance record		
	Periodical appraisal system		
	Attrition record		
<b>Trainee</b>	Orientation program for freshly joined trainees		The content outline to be attached with the application
	Periodical assessments (class tests)		
	Dropout records		
<b>Placement officer</b>	Attendance record		
	Placement records		
<b>Other staff</b>	Attrition record		
<b>Over all Institute</b>	Student Feedback form		
	Employee Feedback form		
	Student complaint form		

49. Documentary evidences of Management Review. Key aspects that need to be certified by the applicant are:

Aspect	Details	Remarks
Conduction of Management Review Meetings (MRM)		
Actions on the basis of MRM		
Tracking Faculty Review		
Training needs of the faculty by the management		
Student complaints and redress process		
Student feedback and related actions		
Faculty feedback and related actions		
Analysis of results in skills assessment		

## 50. Other Relevant Information (Performance Review)

### A. Overall

S. No	Performance Criteria	Unit of Measurement	I year	II year	III year	Remarks
1	Utilization of Students seating capacity	%				
2	Retention Rate students admitted	%				
3	Students / Teaching Staff	Ratio				
4	Students on Completion got jobs	%				
5	Students on completion expressing satisfaction on quality of training	%				
6	Total yearly expenditure / initial budget sanctioned	%				
7	Teachers expressing satisfaction on all round conditions of VTP	%				

### B. Trade wise

S. No.	Course Name	Duration	No.of batch/year	Students in each batch	No.of trainees appeared for Exam	No.of trainees certified	No.of trainees placed	Remarks


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## 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