**Industry Partnership Proposal Format**

1. **Cover Letter (On Organization Letter Head)**
2. **Organisation details**

To be filled as in below table

|  |  |  |
| --- | --- | --- |
| **S No** | **Particulars** | **Details** |
|  | Name of the Organization |  |
|  | Name and Designation of the Contact Person |  |
|  | Address and Contact Details (E-Mail and Mobile No.) of the SPOC |  |
|  | Corporate website URL |  |
|  | Legal Status (Whether Company, LLP, Proprietorship, Partnership, Society/Trust etc.) |  |
|  | Address of Head Office: |  |
|  | Incorporation/ Registration status of the Agency | Submit Incorporation Certificate |
|  | Date of Incorporation/ Registration |  |
|  | Turnover in the last 3Years: | FY 2017-18: \_\_\_\_\_\_\_\_\_\_\_ /-FY 2018-19: \_\_\_\_\_\_\_\_\_\_\_ /-FY 2019-20: \_\_\_\_\_\_\_\_\_\_\_ /- |
|  | PAN/CIN Number | Page No. at which enclosed: \_\_ |
|  | GSTIN Number | Page No. at which enclosed: \_\_ |
|  | Name, Contact No and E-Mail ID of Primary Person for all communication |  |
|  | Name, Contact No and E-Mail ID of Secondary Person for all communication |  |

1. Brief description of the organisation
2. Nature of current projects in skilling undertaken by your organization
3. Expansion plans/State specific plans in the state of Tamil Nadu
4. Perspectives on skilling, funding requirements and challenges faced in project implementation
5. Potential opportunities to partner with TNSDC for executing large scale high impact projects. Tie-ups with reputed companies
6. Past record of delivering NSQF/international level training programs to be filled as in below table (If any)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Year** | **Name of the Funding Org./ Ministry/ Dept.** | **Beneficiaries Covered** | **Total Project Value (INR)** | **Job Role(s) for which training undertaken** | **Name of Certification Agency** | **Supporting Document Attached (Work Order/ Contract/ Completion Certificate)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Centres of the training partner to be filled as in below table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Complete Centre Address | Name of the Center Head | Contact Details (Mobile/Phone No.) | Training Infra Available for (name of courses/trades) | Name of trainers |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Proposed skilling plan**
	1. Proposed Job roles

|  |  |  |  |
| --- | --- | --- | --- |
| S No | Job Role | Sector | Proposed no of Candidates (For Training/Placement) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Proposed Districts
	2. Training duration (Job Role Wise)

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Job Role** | **Sector** | **Whether NSQF aligned (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Number of beneficiaries to be impacted
	2. Plan of action for mobilization
	3. Innovative practices in training methodology that will be adopted
	4. Infrastructure for training proposed (job role-wise): Availability of Tools, Equipment and Consumables, Classroom and Lab, Furnitures as per NSQF norms with photographs
	5. Any other Proposed Partnership Model
	6. Support seeks from Tamil Nadu Skill Development Corporation