1. Name of the Institution:

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

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

1. Whether NSDC funded – Yes / No

If yes, provide details

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

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

1. Name/s of the Director/s:

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

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

1. Contact Details of the Institution:
   1. Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* 1. Phone No. with STD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Fax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email of the Director/s:

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

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

* 1. Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year of Establishment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Prior Exposure of the Institution in Skill Development

…………………………………………………………………………………………..

1. Prior Exposure of the Institution in Skills Training **(Related to QP)**

* If Yes Provide details below……………………………………..
* NO please specify…………………………………………………….

1. Medium of instructions in Institute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| English |  | Hindi |  | Any Other |

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Details of Self Owned/Franchisee/Mobile Training Centres:

(Give separate break-up in the annexure)

Self-Owned Franchisee Mobile Total

**[Attach the list of Training Centres as Enclosure (Annexures appended below)]**

9. PAN No. and TAN No. of the Institute: \_\_\_\_\_\_\_\_\_\_

**(Attach photocopy of the PAN card and IT returns of last one year as Enclosure 2)**

1. Turnover of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Audited balance sheet of last 1 year as Enclosure 3)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Is the Institute Recognized with any bodies? |  | Yes |  | No |

1. If Yes, Please mention the following:
   1. Name of the Body with which recognized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Recognition No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Year of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Validity of Recognition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Recognition certificate as Enclosure 4)**

1. Educational Qualifications and Experience of the Director/s and the Management Team members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the | Educational | Mobile No | Email ID | Total Experience |
| Director/ | Qualifications |  |  |  |
| Management |  |  |  |  |
| Team |  |  |  |  |
| Members |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of the Operation Head and the Affiliation Coordinator of the TP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of | Educational | Mobile No | Email ID | Total Experience |
| the | Qualifications |  |  |  |
| Operations |  |  |  |  |
| Head and |  |  |  |  |
| Affiliation |  |  |  |  |
| Coordinator |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Provide the Contact Details of the Directors/ Management Team/ Operations Head/ Affiliation Coordinator

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Address | Contact Numbers | Email-ids |
|  |  | – Both Land Line |  |
|  |  | and Mobile |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2: Training Operations – Processes**

1. Do you have the Teaching Staff relevant to the QP?

* YES………………………….
* NO…………………………..
* Identified (Please attach Proof)

1. SCGJ Specific - Details of the Teaching Staff.

**(Attach CVs of all the teaching staff as Enclosure 11)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. N | Name | Designation | Degree/ | Training | Industry | Instruction | Regular/ |
|  |  |  | Diploma | Certificate | Experience | Experience | Visiting |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

20. Have the Trainers undergone any specialized training related to the QP?

Yes No

**(If Yes, attach the Details)**

1. **Administrative & Support Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. |  | Staff | Permanent | Temporary/Part-Time | Total |
| No. |  |  |  |  |  |
| 1. |  | Office Manager |  |  |  |
| 2. |  | Office Staff |  |  |  |
| 3. |  | Lab Attendants |  |  |  |
| 4. |  | Accountant |  |  |  |
| 5. |  | Support Staff |  |  |  |
| 6. |  | Others |  |  |  |

1. Details of the Courseware of all the courses offered.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of content/courseware on the basis of QP and NOS based curriculum approved by SCGJ |  |  |
| Existence of Facilitators Guide |  |  |
| Existence of Trainer Guide |  |  |
| Existence of Participant Manuals |  |  |
| Existence of Assessment Guides |  |  |
| Existence of Participant Feedback Forms |  |  |
| Existence of Training Delivery Plans |  |  |
| Review process to gauge the effectiveness of the courseware developed |  |  |
| Process of SME engagement in courseware design and development |  |  |
| Review process for approval of courseware by SCGJ |  |  |
| Declaration of conducting SCGJ specific training for Participant with the list of identified stores mapped to each training centre |  |  |

22. Details of the Teaching 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 |  |  |
|  |  |  |

23. Details of Training Methodology.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of training methodology

Existence of training aids

24. Details of Methodology adopted for Continuous Evaluation.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of Continuous

Evaluation

Documented process on student monitoring on learning

25. Details of Methodology adopted for Industrial Interface.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documentation process of engagement of experts from the industry

Documented process on integration of real life problems from the industry and exposing students sample solutions

26. Details of Methodology adopted for Student Development.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Documented process of imparting soft skills training

Documented process of providing guidance to students on placements

Documented process on OJT/ Placement facilitation

27. **SCGJ Specific** Details of the Infrastructure:

* Class Room of 30 Students (Attach Photographs)
* Details of the LAB SET UP (Attach Photographs)
* Details of the Mandatory Tool Kit (Attach Photographs)

**Please Note: The Class Room, Lab & the Tool Kit must comply to the annexures mentioned in the affiliation document.**

**If there is NO LAB & Tool Kit present pertaining to the QP then please Specify……………**

28. Details on Student Admissions.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

Printed brochure/ prospectus

Documented policy and procedures for admissions

Concessions policy if any

Process of keeping the safe custody of student documents

Student agreement with the institution at the time of admission

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

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |

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

1. Library details
   1. Total number of Books related to the trade: Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Number of Magazine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Number of Dailies (newspapers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the details of availability of the following aspects related to Infrastructure:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Building Own/Rented/On Lease |  |  |
| Area of Institute Premises |  |  |
| Size of classrooms **(Min for 30 Students)** |  | **Mandatory** |
| Size of Labs **(Min 1 KW Lab with Complete Tool Kit)** |  | **Mandatory** |
| Size of workshops |  |  |
| Number of classrooms |  |  |
| Number of Labs |  |  |
| Number of workshops |  |  |
| Safe drinking water (yes/no) |  |  |
| Power backup (yes/no) |  |  |
| Separate toilet for Boys and Girls (yes/no) |  |  |
| Provision of transport facility, if applicable (yes/no) |  |  |
| Any other, please specify |  |  |

**Section 3: Performance Measurement and Improvement**

32. Documentary evidences of suitable indicators to monitor and measure the performance. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Documented process of trade learning progress |  |  |
| Documented processes of workshop upkeep and modernization |  |  |
| Documented process on tracking health and safety incidences |  |  |
| Documented process on gathering feedback of placed students with the employers |  |  |
| Documented process of tracking trends in employability and placement record |  |  |

1. Documentary evidences of practicing continual improvement. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of taking student |  |  |
| feedback on curriculum |  |  |
| Documented processes of taking student |  |  |
| Attendance |  |  |
| Documented process on tracking student |  |  |
| Dropouts |  |  |
| Documented process on tracking student |  |  |
| performance on tests |  |  |
| Documented process of tracking teacher |  |  |
| Attendance |  |  |
| Documented process of tracking |  |  |
| placement patterns |  |  |

34. Documentary evidences of mechanism on Complaint Handling. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process on Information |  |  |
| Sharing on complaints with all |  |  |
| Stakeholders |  |  |
| Documented processes of |  |  |
| acknowledgement of receipt of complaint |  |  |
| Documented process on investigation of |  |  |
| the student complaint |  |  |
| Documented process of tracking training |  |  |
| needs of the faculty by the management |  |  |
| Documented process of tracking student |  |  |
| complaints and redress of the same |  |  |
| Documented process of closure of the |  |  |
| student complaint |  |  |
| Documented process of keeping record of |  |  |
| student complaint |  |  |

**Other Relevant Information**

35. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source?

**(Provide details of grants received in last 3 years as Enclosure 17)**

|  |  |  |
| --- | --- | --- |
| **SNo.** | **List of Enclosures** | **Enclosed** |
| 1. | List of Branches | Yes / No |
| 2. | PAN and IT Return (Last 1 Year) | Yes / No |
| 3. | Audited Balance Sheet | Yes / No |
| 4. | Registration Certificate / Company Incorporation Certificate | Yes / No |
| 5. | Declaration of Availability of 1 KW Installed solar PV System – For Solar Trainings. For Waste Water Trainings – MOU with a ETP (On Letterhead) |  |
| 6. | Pictures of the Infrastructure, Lab, Class rooms. | Yes / No |
| 9. | Staff Particulars | Yes / No |
| 10. | CVs of the Trainers (Relevant to QP) | Yes / No |
| 12. | Drinking Water Facility – Declaration | Yes / No |
| 13. | Health and Sanitary Conditions | Yes / No |
| 14. | Fire Safety | Yes / No |
| 15. | Bus Service Details | Yes / No |
| 16. | Details of Grants received in last 3 years | Yes / No |
| 17. | Details of physical infrastructure i.e. no. and capacity of classroom with audio visual facilities, workshop laboratories, library hostels, etc. A brief write-up with photographs to be attached. | Yes / No |
|  | Proof of Class Room (30 Students) | Yes / No |
|  | Proof of 1 KW system and Tool Kit **(For Solar Domain)** | Yes / No |
|  | Industry Linkages for Placement | Yes / No |