

Industry Validation Performance

Name of the Qualification: Fire Systems Supervisor

Qualification Code (if any): PSC/Q0119

NSQF Level: 5

Version: 1.0

A. Company Profile

1. Name and complete address of the industry (website, if available):

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2. Product of the company or nature of services.

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3. Total number of persons employed in your industry.

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4. No. of persons employed in your company who are similarly qualified / similar to the qualification under consideration.

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B. Validation of Qualification

1. Is there a need for this qualification in the market / sector / industry? Yes/No (with justification)
2. Whether the NSQF level assigned to this Qualification is apropos to the industry /sector HR value chains or not? Please justify
3. Whether the candidates after completion of this course could be suitably employed in the sector or not? Please elaborate with figures (if possible)
4. Please suggest additional domain or professional or generic skills that need to be incorporated in the Qualification for industry requirements.
5. Case studies, evidences may be submitted if related to unorganized sector

(Signature of Authorized representative)

Name:

Designation:

Mobile Number:

Email Id:

(Copy of Authorization letter issued by the Company/Industry to be attached)

