PMT Head>>PMT Member

Welcome, PMT Head   Logout   HeadHeldHigh

Home | PMT member

PMT Member   ^

▶ Edit
▶ Assigned Partners

Partner   ∨

Add PMT Member

PMT Member

Search: [Search   🔍]

Name	ID	Status	Action
Anil	120	Active	Edit	Partner
Rajkumar	123	Active	Edit	Partner
Pradeep	112	InActive	Edit	Partner
Suresh	165	Active	Edit	Partner
prakash	229	InActive	Edit	Partner

Showing 1 to 5 of 5 entries

← Prev   Next →

PMT Member>>Edit

Home | PMT member | Edit

PMT Member   ∧
  ► Edit
  ► Assigned Partners

Partner   ∨

Edit

ID	120
First Name:	Anil
Last Name:	Kumar
Email id:	anil.kumar@xyz.com
Status	Active ∨

PMT Member>>Assigned Partner

Assigned Partner   Edit

Name ↓↑	ID ↓↑	Status ↓↑
Prakash	120	Active
Raj	123	Active
Sunil	112	InActive
Manoj	165	Active
Harsh	229	InActive

PMT Head>>Partner

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Home | Partner

PMT Member   ^
► Edit
► Assigned Partners

Partner   v

Add Partner

Partner

Search: [Search]

Name	ID	Status	Action
Prakash	120	Active	Details | InActive
Raj	123	Active	Details | InActive
Sunil	112	InActive	Details | Active
Manoj	165	Active	Details | InActive
Harsh	229	InActive	Details | Active
Rajkumar	123	Active	Details | InActive
Sunil	112	InActive	Details | Active
Manoj	165	Active	Details | InActive
Harsh	229	InActive	Details | Active

Showing 1 to 9 of 9 entries

← Prev   Next →

Partner>>Applied Participant List

PMT Member   ∨

Partner   ∧

▶ Applied Participants List
▶ Partner Participant Form
▶ Approve Partner List
▶ Partner Validtion
▶ Add New Participant

Applied Participants List

Search: [Search]

Name	ID	Action	Approved For Verification
Prakash	120	View Details	● Yes ○ No
Raj	123	View Details	● Yes ○ No
Sunil	112	View Details	● Yes ○ No
Manoj	165	View Details	○ Yes ● No
Harsh	229	View Details	○ Yes ○ No
Pradeep	165	View Details	○ Yes ● No
Harshit	229	View Details	○ Yes ○ No
Manorat	165	View Details	○ Yes ○ No
Harsha	229	View Details	○ Yes ● No

[Cancel]   [Submit]

Partner>>Partner Participant Form

PMT Member   v
Partner   ^

► Applied Participants List
► Partner Participant Form
► Approve Partner List
► Partner Validation
► Add New Participant

Partner Participant Form

Partner Participant Form

Participant Name:	Prakash	Phone no.	9874563210
Email ID	prakesh.10@gmail.com	NGO/ trust name:	Joyti trust

Do you find the overall event relevant? Did you like it?

YES

Are you interested in working with HHH as a partner? Please state reasons for your answer

◉ Yes   ○ No

Can you please provide few details about your area of work?

☑ Rural development   ☐ HealthCare
☑ Youth   ☑ Education
☑ Skills   ☐ Others

Do you want a HHHF rep to visit your centre for a detailed discussion?

◉ Yes   ○ No

Is there any other decision maker in your organization that we should meer? Please provide details

No

What else can we improve in this event? Please provide suggestions

Cancel   Submit ›

Partner>>Approve Partner List

Logo

PMT Member   v

Partner   ^

► Applied Participants List
► Partner Participant Form
► Approve Partner List
► Partner Validtion
► Add New Participant

Applied Partners List

Search: [Search]

Name	ID	Action	Approve For Partnership
Prakash	120	View Details	● Yes ○ No
Raj	123	View Details	● Yes ○ No
Sunil	112	View Details	● Yes ○ No
Manoj	165	View Details	○ Yes ● No
Harsh	229	View Details	○ Yes ○ No
Pradeep	165	View Details	○ Yes ● No
Harshit	229	View Details	○ Yes ○ No
Manorat	165	View Details	○ Yes ○ No
Harsha	229	View Details	○ Yes ● No

[Cancel]   [Submit]

Partner>>Partner Validation Part-1

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PMT Member ∨

Partner ∧

▶ Applied Participants List
▶ Partner Participant Form
▶ Approve Partner List
▶ Partner Validation
▶ Add New Participant

Partner Validation Form - Prakash

Item	What's available Today	Possibility for scaling up	Cost is an issue? Other challenges?
Training centers	2	5	No
Core areas that they work on			
Source of funds	Individual		
Training halls with chairs	yes		

Fulltime staff	Yes	PC labs with internet	Yes
LCD projector, boards, mirrors, sound system	No	Student mobilization capabilities	Yes
Acceptance to HHHF 1000-hour format	Yes	What fee they want to charge the trainees for such a joint program?	
Parallel vocational courses needed		Local branding/image of this institution	
Key contact person name and contacts	Prakash 9876541230	Is this a primary business for them?	Yes
Transportation	No		

Partner>>Partner Validation Part-2

Screening process of partner:

S.No	Criteria	Questions	Answers	Score(0-10)
1.	Knowledge of local community	How well do you know the local socio-economic conditions? Can you define the social backwardness or other issues of this region?	Answer	Score (0-10)
		Mobilizing students, drop-outs and needy persons from surrounding villages is one of the key ask in HHH program. Have you implemented or documented any such program?	Answer	
2.	Trustworthiness	How many local employers can be tapped through your network? We desire to place more people in local jobs, self-employment, can you help in this endeavor? How long has been your NGO/trust/institution in operation? How many branches or offices?	Answer	Score (0-10)
		What are your focus areas in the recent past? Have you captured few of the success stories?	Answer	
		Please give some details of your core team and leaders	Answer	
		If given an opportunity can you hire few of the trainees, once they finish 1000 hours of capability building? In any role, any salary of your approval	Answer	
		What do you want to accomplish in the next 3 years through your institution? This is with or without partnering with HHH. Who are your other potential/existing partners?	Answer	
3.	Acceptance of HHH 1000 hour program	We believe in social transformation through appropriate education, capability building of 1000 hours, over 6-9 months. Would you want to work with us?	Answer	Score (0-10)
		Will it be possible to prepare your organization to roll out this HHH program independently?	Answer	
4.	Operating on Not-for-profit model			Score (0-10)

[Cancel] [Verify]

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[Uploaded Image]

Partner>>Add New Participant

Logo
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PMT Member   v
Partner   ^

► Applied Participants List
► Partner Participant Form
► Approve Partner List
► Partner Validtion
► Add New Participant

Add New Participant

New Partner Participant Form

Participant Name: _____   Phone no. _____

Email ID _____   NGO/ trust name: _____

Do you find the overall event relevant? Did you like it?   _____

Are you interested in working with HHH as a partner? Please state reasons for your answer   ○ Yes   ○ No

Can you please provide few details about your area of work?   ☐ Rural development   ☐ HealthCare
☐ Youth   ☐ Education
☐ Skills   ☐ Others

Do you want a HHHF rep to visit your centre for a detailed discussion?   ○ Yes   ○ No

Is there any other decision maker in your organization that we should meer? Please provide details   _____

What else can we improve in this event? Please provide suggestions   _____

[Cancel] [Submit >]

PMT Head>>Add New Participant (Part-1)

PMT Member   v
Partner   ^

▶ Applied Participants List
▶ Partner Participant Form
▶ Approve Partner List
▶ Partner Validation
▶ Add New Participant

Partner Validation Form

Item	What's available Today	Possibility for scaling up	Cost is an issue? Other challenges?
Training centers			
Core areas that they work on			
Source of funds			
Training halls with chairs			

Fulltime staff		PC labs with internet	
LCD projector, boards, mirrors, sound system		Student mobilization capabilities	
Acceptance to HHHF 1000-hour format		What fee they want to charge the trainees for such a joint program?	
Parallel vocational courses needed		Local branding/image of this institution	
Key contact person name and contacts		Is this a primary business for them?	
Transportation			

Screening process of partner:

S.No	Criteria	Questions	Answers	Score(0-10)
1.	Knowledge of local community	How well do you know the local socio-economic conditions? Can you define the social backwardness or other issues of this region?	Answer	Score (0-10)
		Mobilizing students, drop-outs and needy persons from surrounding villages is one of the key ask in HHH program. Have you implemented or documented any such program?	Answer	
2.	Trustworthiness	How many local employers can be tapped through your network? We desire to place more people in local jobs, self-employment, can you help in this endeavor? How long has been your NGO/trust/institution in operation? How many branches or offices?		Score (0-10)
		What are your focus areas in the recent past? Have you captured few of the success stories?	Answer	
		Please give some details of your core team and leaders	Answer	
		If given an opportunity can you hire few of the trainees, once they finish 1000 hours of capability building? In any role, any salary of your approval	Answer	
		What do you want to accomplish in the next 3 years through your institution? This is with or without partnering with HHH. Who are your other potential/existing partners?	Answer	
3.	Acceptance of HHH 1000 hour program	We believe in social transformation through appropriate education, capability building of 1000 hours, over 6-9 months. Would you want to work with us?	Answer	Score (0-10)
		Will it be possible to prepare your organization to roll out this HHH program independently?	Answer	
4.	Operating on Not-for-profit model			Score (0-10)

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PMT Head>>Dashboard

Dashboard

Logo
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Partner   ∨

PMT Members

No. of Partners

No. of Centres

No. of Batches

Pending Approval
(7)

Pending Verification
(8)

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User	Media	Status	Time usage
No data available in table			

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