## Annexure B

## 6.2 Proposal Submission Template

**SECTION 1: PROJECT OVERVIEW**

|  |  |
| --- | --- |
| 1. Project Title:
 |  |
| 1. Name of the proposing Sector Skill Council
 |  |
| 1. Name of Best in Class Employer/s
 | 1. Name of Participating Employer 12. Name of Participating Employer 2(Details of all employers to be included) |
| 1. Eligibility Criteria for Best in Class Employer/s

*Mention the list of criteria fulfilled by the employer/s* | (Mention employer wise eligibility criteria) |
| 1. Project Locations/ district and states covered:
 | <<number>> of RPL Locations across <<number>> statesStates covered:1. Location 1 and State 1
2. Location 2 and State 2
 |
| 1. Job Role(s) Proposed:

  | 1. Name of Job Role 1 as Per QP (Job Role Code) (NSQF Level)
2. Name of Job Role 2 as Per Qualification Pact (Job Role Code) (NSQF Level --- )
 |
| 1. Total RPL Targets Proposed:
 | <<number>> |
| 1. Project Duration (max. 12 months):
 | <<number>> months |

**Section 2 : Locations and Job Role Details**

*Employer Wise Details (Add different tables for the different employer)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.no | State | District | Location Name | Address | Job Role Names (NSQF Level) | Proposed target per job role (in numbers) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SECTION 3: DETAILS OF THE BEST IN CLASS EMPLOYER**

*Fill different tables for different employers*

|  |  |
| --- | --- |
| Name of Employer: | Supporting Documentation Required: |
| 1. Certificate of Incorporation
2. PAN Card
 |
| Details of the Promoters  |
| Brief background of the Promoters |
| Official Website of Employer: |
| Name of SPOC: | **Designation of SPOC:** | **Contact Number of SPOC:** | **Email ID of SPOC:**  |
| 1. Year of Incorporation:
 |  |

*(Certain details based on the eligibility criteria set by SSC to be incorporated)*

**SECTION 4: PROPOSED FINANCIALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. no. | Expense Head | Sub Head | Proposed amount per candidate in Rs.(Subject to Max. Ceilng) | Remarks (description and justification of expense head) |
| 1 | **SSC Payout** | Sub-cost head name |  |  |
| Sub-cost head name |  |
| Sub-cost head name |  |
| 2 | **Employer Payout** |  |  |  |
| 3 | **Candidate Payout** |  | **Rs. 500** |  |
|  |  | TOTAL |  |  |

**SECTION 5: TEMPLATE FOR DETAILS OF EMPLOYER ASSESSOR & EMPLOYEES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.no | State | District | Location Name | Job Role Names (NSQF Level) | Name of Employer Assessor | Designation | No. of years of Experience | Educational/ professional qualification | Total Number of Employees | Permanent / Contractual |
| 1 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |