**National Urban Livelihoods Mission**

**Employment through Placement and Training**

**Proposal for Annual Plan**

**(Only in binded form – Loose papers will not be accepted. TLM need not be submitted along with proposal if already submitted and approved)**

[Proposals must be direct, concise, and complete. SULM will evaluate the proposal based on its clarity and the directness of its response to the requirements of the project as outlined in the RFP. The STPs should read and understand all sections of the RFP document clearly before preparing the proposal]

|  |  |
| --- | --- |
| **RFP Ref. No** | 15/3711 dated 20.02.2021 |
| **Courses Proposed (Non Residential)** |  |
| **Courses Proposed (Residential)** |  |
| **Location (s) of centre(S)**  |  |

1. **Basic details of Empanelled STP**
	1. Name of STP :
	2. Address of Registered office :
	3. Address of Office in Kerala :
	4. Name of contact person :
	5. Mobile Number :
	6. Email address :
	7. PAN of the STP :
	8. GST No :

(If GST exempted, please attach the copy of the same)

* 1. Bank account details

|  |  |  |
| --- | --- | --- |
| 1 | Name of Bank in full  |  |
| 2 | Brach  |  |
| 3 | Account Name  |  |
| 4 | Account number  |  |
| 5 | IFS Code  |  |

1. **Details of Courses empanelled under NULM (need not show the details of orders for which validity of three years has ended)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Name of Course** | **Course Code** | **Order No** | **Date of Order**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Summary of Performance of the STP during last financial Year**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name of Course** | **Target** | **Enrolled** | **Completed training** | **Passed** | **Joined for Job** | **Completed 3 months in Job** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |

1. **Summary of Course wise/Year wise Performance of the STP in Each of the Empanelled Course**
	1. **Course 1. ..................................**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Year** | **No** | **Location of centre** | **Target** | **Enrolled** | **Passed** | **Offer letter given** | **Joined for Job** | **% candidates joined for job (Out of passed)** | **Placed 3Month**  | **% of Retention**  |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  |
| **2018-19** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
| **Sub Total**  |  |  |  |  |  |  |  |  |  |  |
| **2019-20** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
|  |  | Location 4 |  |  |  |  |  |  |  |  |
| **Sub total**  |  |  |  |  |  |  |  |  |  |  |
| **Total**  |  |  |  |  |  |  |  |  |  |  |

* 1. **Course 2. ..................................**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Year** | **No** | **Location of centre** | **Target** | **Enrolled** | **Passed** | **Offer letter given** | **Joined for Job** | **% candidates joined for job (Out of passed)** | **Placed 3Month**  | **% of Retention**  |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  |
| **2018-19** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
| **Sub Total**  |  |  |  |  |  |  |  |  |  |  |
| **2019-20** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
|  |  | Location 4 |  |  |  |  |  |  |  |  |
| **Sub total**  |  |  |  |  |  |  |  |  |  |  |
| **Total**  |  |  |  |  |  |  |  |  |  |  |

* 1. **Course 3. ..................................**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Year** | **No** | **Location of centre** | **Target** | **Enrolled** | **Passed** | **Offer letter given** | **Joined for Job** | **% candidates joined for job (Out of passed)** | **Placed 3Month**  | **% of Retention**  |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |  |
| **2018-19** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
| **Sub Total**  |  |  |  |  |  |  |  |  |  |  |
| **2019-20** |  | Location 1 |  |  |  |  |  |  |  |  |
|  |  | Location 2 |  |  |  |  |  |  |  |  |
|  |  | Location 3  |  |  |  |  |  |  |  |  |
|  |  | Location 4 |  |  |  |  |  |  |  |  |
| **Sub total**  |  |  |  |  |  |  |  |  |  |  |
| **Total**  |  |  |  |  |  |  |  |  |  |  |

1. **Summary of Skill Training courses proposed in Non Residential Mode**

| **No** | **Name and Location of the Training Centre (ULB)** | **Name of Course with ref, code.**  | **Cities proposed to Cater at this centre** | **No of candidate to be trained during 2021-22** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total**  |  |  |  |

1. **Summary of courses proposed in Residential mode**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Name and Location of the Training Centre** | **Name of Course with ref, code.** | **No of candidate proposed for 2021-22** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total**  |  |  |

1. **Basic requirements for selection of candidates by the STP for the proposed courses**

|  |  |  |  |
| --- | --- | --- | --- |
|  **No** | **Name of Course**  | **Educational Qualification**  | **Age of the candidate**  |
| **As per SSC/NCVT Norms**  | **Suggested by STP** | **Minimum**  | **Maximum**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Mode of selection proposed by the STP for each course :**

|  |  |  |
| --- | --- | --- |
|  **No** | **Name of Course**  | **Mode of selection**  |
|
|  |  |  |
|  |  |  |
|  |  |  |

* 1. If aptitude test required, mode of conducting aptitude test for each course?

(Attach a copy of the tool for aptitude test)

1. **Duration of training in hours – As per the course duration approved by Sector Skill Council (Attach the Activity cum lesson plan for each course as Annexure 1 – Separate lesson plan for Residential and non residential courses)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name of Course**  | **Theory**  | **Practical**  | **OJT** | **IT, Soft skill & English**  | **Total**  |
|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. **No of Working days required for completion of training?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Name of Course** | **Type of Training (R/NR)** | **Training Duration****(In Hours)** | **Hours proposed per day\*** | **Total working days required for competing the training** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

\*Excluding one hour break

* 1. **On the Job Training Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of course for which OJT is proposed | Hours per day  | No of days | Name and Address of the institution in which OJT is proposed | Student Group size | Distance from the training centre  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

.

1. **Training Centre Details (Non Residential)**

| **No** | **Name and Address of the training Centre** | **Area in Sq. Ft.** | **Student Intake Capacity** | **No of candidates proposed for** **2019-20** | **SMART** **Accreditation (YES/NO/CAAF Submitted)**  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* Only show the details of the centres shown in item No 5&6 where you propose to conduct training for NULM as per this proposal

1. **Training Centre Details (Residential)**

| **No** | **Name and Address of the training Centre** | **Area in Sq. Ft.** | **Student Intake Capacity** | **No of candidates proposed for** **2019-20**  | **SMART** **Accreditation (YES/NO/CAAF Submitted)**  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* Only show the details of the centres shown in item No 5 & 6 where you propose to conduct training for NULM as per this proposal

1. **Trainer details**
	1. Available Master trainers for the courses offered (Attach a profile as Annexure 2A- In case ToT and certification of trainers is done by SSC, there is no need to furnish the details of master trainers)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name | Subject | Qualification | Experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Details of academic coordinator available in the organisation planning and monitoring of courses (academic coordinator should pay visit in the centre at least once within 150 hours of training) Attach a profile as Annexure 2B

| No | Course  | Name of academic coordinator  | Qualification | Experience |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Centre wise details of trainers for each course (Attach the profile of trainers as Annexure 2C) In case of transfer of a trainer the STP should position another trainer with same of higher qualification.

Centre 1 .............. (Specify Location)

| No | Course  | Subject | Qualification | Experience |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Centre 2 .............. (Specify Location)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Course  | Subject | Qualification | Experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Centre 2 .............. (Specify Location)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Course  | Subject | Qualification | Experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Centre wise offer for positioning of trainers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Centre Location  | Course | No of Trainers offered in domain | No of Trainers offer for soft skills | No of Guest faculties offered if any during a batch  |
| Subject | Total Hours |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. Details of trainers undergone/Registered for ToT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Centre Location  | Course | SSC Name  | Trainer ID | Training Status (Registered, attended, passed)  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Details of On the Job Training plan (if any proposed) proposed – Give the details of OJT coordinator/supervisor and the trainee group size proposed in each industry

**Course 1**

**Course 2.**

**Course 3.**

* 1. Internship Plan (if any proposed) for each of the courses

**Course 1**

**Course 2.**

**Course 3.**

1. **Placement Proposal**
	1. Percentage of candidates in a batch offered placement

|  |  |  |
| --- | --- | --- |
| No | Name of Proposed course | Percentage of placement offered in a batch  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Job Description (What are the real job/work the candidate have to do in these titles)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name of Course | Type of industry in which candidates will be placed | Job title | Description of the job/duties  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Give course wise description for the placement potential of each course proposed. Also specify location of placement**

**Course 1**

**Course 2**

**Course 3**

* 1. Placement Opportunities offered by the STP for the candidates of each course (Repeat table if the agency has proposed multiple courses)

**Course 1.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name of Employer** | **Location** | **Job title** | **Salary** | **Other Benefits** | **Total**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Course 2.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name of Employer** | **Location** | **Job title** | **Salary** | **Other Benefits** | **Total**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Course 3.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name of Employer** | **Location** | **Job title** | **Salary** | **Other Benefits** | **Total**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Details of post training support services that the STP will provide for setting up of self employment ventures. (Only if the STP proposed self employment ventures)
2. Proposed cost for the Training programme

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Name of course  | Base rate Per Hour | Total Hours  | Cost per candidate  | Total No of candidates | Cost of the training  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total**  |  |  |  |  |  |

Proposed rate should match with the rates already approved by NULM for each category. Assessment fee as per actual. No need to show the assessment fee in the above table

1. **Residential facilities (Only if the STP propose to conduct residential trainings)**

### Whether inside the campus or outside

* 1. If outside the campus distance from the training centre and transportation facility

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Centre Location | Type of candidate(Boys or Girls) | Distance in (KM) | Type of Transportation facility proposed\* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Own transportation by STP, Public conveyance etc

1. Boys hostel
2. Girls hostel
	1. Whether hostel (boys) run by STP or outsourced
	2. Whether hostel (girls ) run by STP or outsourced
	3. Capacity of the hostel
3. Boys hostel
4. Girls hostel
	1. Area per trainee available in the room
	2. No of candidates accommodated in a room
	3. Whether bathroom attached or separate
	4. Whether toilets attached or separate
	5. Ratio of toilets per candidates in the hostel 1:.......
	6. Ratio of bath rooms per candidates in the hostel 1:........
	7. In case of distant bathrooms No of toilets/bathroom available per trainee
	8. Whether facilities for study available in the rooms
	9. Hostel fee (food and accommodation) per candidates (in case of drop out candidates, hostel fee shall be charged only for the day for which accommodation is availed. Starting and ending period of the training fee will be calculated on the basis of number of days for which accommodation is availed)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Name of course | Centre Location  | Duration of training (In hours) | No of working days required  | Rate per day per candidate | Total Duration of a batch (In no of days ) | Total hostel fee per 30 candidates  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*Should quote only one rate for one location

* 1. Facilities available in the hostel room
	2. Weekly food menu

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Breakfast | Lunch | Evening refreshment | Dinner |
| Monday |  |  |  |  |
| Tuesday  |  |  |  |  |
| Wednesday  |  |  |  |  |
| Thursday  |  |  |  |  |
| Friday  |  |  |  |  |
| Saturday  |  |  |  |  |
| Sunday  |  |  |  |  |

### The STP should strictly follow the menu.

### **DOCUMENTS TO BE ENCLOSED TO THE PROPOSAL**

Annexure 1. :Activity cum Lesson Plan in Prescribed format

Annexure 2A :Profile of Master Trainers

Annexure 2B :Profile of Academic Coordinator

Annexure 2 C :Profile of Trainers

 Annexure 3 :Training Calendar for Enrolment/Completion of candidates in prescribed format

|  |
| --- |
| National Urban Livelihoods Mission  |
| **Calendar for Enrolment and Certification of Candidates**  |
|  | Name of Skill Training Provider: |  |  |  |  |  |  |  |  |  |  |  |  |
| No | Location of Centre | Course  |  | Month-wise Enrolment Plan and certification Plan (Enter Number of candidates against the months)  |
| **2020** | **2021** |
| APRIL | MAY | JUN | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR |
|    |    |    | Enrolment |   |   |   |   |   |   |   |   |   |   |   |   |
| Certification |   |   |   |   |   |   |   |   |   |   |   |   |
|    |    |    | Enrolment |   |   |   |   |   |   |   |   |   |   |   |   |
| Certification |   |   |   |   |   |   |   |   |   |   |   |   |
|    |    |    | Enrolment |   |   |   |   |   |   |   |   |   |   |   |   |
| Certification |   |   |   |   |   |   |   |   |   |   |   |   |
|    |    |    | Enrolment |   |   |   |   |   |   |   |   |   |   |   |   |
| Certification |   |   |   |   |   |   |   |   |   |   |   |   |
|    |    |    | Enrolment |   |   |   |   |   |   |   |   |   |   |   |   |
| Certification |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Total for the Month |   |   |   |   |   |   |   |   |   |   |   |   |
|   | **Total**  |   |

National Urban Livelihoods Mission

Activity cum Lesson Plan

Name of Skill Training Provider: Name of course:

Ref. ID Total Hours: No of days:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Period/session 1 (Mention start and end time) | Period/session 2 (Mention start and end time) | Period/session 3 (Mention start and end time) | Period/session 4 (Mention start and end time) | Period/session 5 (Mention start and end time) |
| Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Period/session 1 (Mention start and end time) | Period/session 2 (Mention start and end time) | Period/session 3 (Mention start and end time) | Period/session 4 (Mention start and end time) | Period/session 5 (Mention start and end time) |
| Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode | Subject | Topic | Instructional Mode |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Codes for mode of Instruction:**  |  |  |  |  |  |
| 1       Traditional Class room lecture,  |  |  |  |  |  |
| 2       Traditional class room with LCD projector  |  |  |  |  |  |
| 3       Distance education using live studio instruction assisted by a trainer in the class room |  |  |  |  |  |
| 4       Guided practice |  |  |  |  |  |
| 5       Activity based learning |  |  |  |  |  |
| 6       Others (please specify) |  |  |  |  |  |
| 7       Others (please specify) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Codes for Subjecta** |  |  |  |  |  |
| **EN - English** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SS- Soft Skill****IT - IT** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Add code for domain subjects** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Add code for domain subjects** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Add code for domain subjects** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|          Schedules for the fortnightly, middle of the course and end of the course test will be indicated in the planner appropriately. |  |
|          The periods for Practical/OJT and items to be learned during OJT should also be indicated in the lesson plan. |  |  |
|          Information regarding split batches (If any) should also be reflected in the activity cum lesson planner. Minor deviations only is permitted in the activity cum lesson planner |