



**Application Form for Empanelment of  
Assessment Agency  
with  
Skill Council for Green Jobs (SCGJ)**

S.No.	Details		Response Provided by AA	Proof to be Submitted to SCGJ	Response with evidence provided at (Page No)
1	<b>Name of the Assessment Agency (AA)</b>			Company Incorporation Certificate	
2	<b>Name of the Director with ID proof</b>				
3	<b>HQ Address</b>			Address Proof of the Head Office - (Rent Aggrement/Any Other Office Ownership Proof)	
4	<b>Person Authorized for filing the application</b>	<b>Name of the Person</b>		Company ID Proof	
		<b>Designation in the AA</b>			
		<b>Official E-Mail ID</b>			
		<b>Mobile No</b>			
		<b>Employee ID</b>			
5	<b>Is the Assessment Agency (Y/N)</b>	<b>(a) At present empaneled with SCGJ</b>		SCGJ Affiliation Certificate	
		<b>(b) Was empaneled earlier</b>			
		<b>(c) New empanelment</b>		SCGJ Application Form	

6	<b>Does the AA possess capabilities to conduct ON-LINE Assessments (Y/N)</b>			Proof of already Conducted ON-LINE Assessments in past (For Any Sector)	
7	<b>Is the AA also a Training Provider (Y/N)</b>			Declaration on Company Letterhead	
8	<b>Legal Existence of the AA</b>	Registered Public Limited Company		Valid Legal Proof	
		Registered Private Limited Company			
		Registered Society			
		Foundation			
		Registered Trust			
		University / Private Institution			
		Registered Educational Institution			
		Trade Body			
		Association			
		Registered NGO			
		Proprietorship Firm (Individual's)			



		Partnership Firm			
		Limited Liability Partnership Firm			
		Multinational Company			
		Other (Please Specify)			
9	<b>PAN Card of AA</b>			PAN No and PAN Card to be Submitted	
10	<b>Company Incorporation Certificate</b>			Proof to be Submitted	
11	<b>Valid Address Proof of Head Office</b>				
12	<b>List of Branch Offices in India</b>				Valid Address Proof of each Branch to be Submitted. Proof to be in the name of AA only.
	<b>Complete Address of the Branch Office with Pin Code</b>	<b>Complete Address</b>			
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
10					
13	<b>Last 3 Years Income Tax Return with Audited Balance Sheets</b>			Valid Proof for last 3 Years	
14	<b>Organization Structure</b>	Brief description of the Organization's Structure		Description on the Company Letter Head (Payroll Employees Only)	

		Infrastructure available to undertake assessments		Details of Infrastructure to be Provided	
15	Website of the AA		www.	Functional Link to be Provided	
16	<b>Empanelment Sought for Sector (Solar/Wind/ Solid Waste Management/ Cookstoves/ Waste Water Etc.)</b>				
	<b>QP Name with Code</b>	<b>S.No</b>	<b>QP Name</b>	(For QP Name and Code - may refer to SCGJ Website)	
		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
10					
17	<b>Total Number of Certified Assessors with SCGJ</b>			Mention the Number	
18	<b>Sectorwise Details of Certified Assessors</b>				

19	<b>Sector</b>	<b>QP Name</b>	<b>Number of Certified Assessors (QP Wise)</b>	Mention the Number	
	Solar PV				
	Safaikaramchai				
	Waste Picker				
	Solid Waste Collector and Segregator				
	Wind				
	Cookstoves				
	Waste Water				
20	<b>Name and Contact Details of the Certified Assessor</b>	<b>Certified on (QP Name)</b>	<b>Geographical Location of Operations (State Name)</b>	<b><u>Attach the Following with the Application</u></b> a) SCGJ Assessor's TOA Certificate b) Certified Assessor's CV c) Educational Qualification Proofs of the Assessor d) Valid Past Experience Proofs (Employment) e) Photograph f) Proof of Assessor Empanelment with other SSC's (Certificate) g) Empanelment Proof of the Assessor with AA (Onboarding Form/Mutually Signed Letter/ Any Valid Other Document)	
	Assessor Name				
	Assessor Name				
	Assessor Name				
	Assessor Name				

	Assessor Name				
	Assessor Name				
	Assessor Name				
	Assessor Name				
	Assessor Name				
	Assessor Name				
21	<b>Geographic Spread: AA applying for Pan India or for Specific State operations</b>		<b>State Name</b>		
	1				
	2				
	3				
	4				
	5				
22	<b>Have you ever been rejected for affiliation by any SSC?</b>				
	<b>Are you Affiliated with any other SSCs/ other recognized Agencies or Bodies having capacity to carry out assessments</b>		<b>Name of the SSC / Recognized Body</b>	<b>Affiliation Certificate to be Attached</b>	
	1				
	2				
	3				
	4				
	5				
23	<b>Have you ever been subject to Legal Action / Blacklisting / Suspension / Temporary Withdrawal from any Body (SSC/ NSDC/ Govt. or Private Body) in the case(s) of Malpractices or Unfair Conduct or any other reason (Yes/No)</b>		<b>If Yes - Reason to be Provided Here and Valid Proof for Reversal if done</b>	<b>Reason to be Discribed</b>	

24	<b>Affiliation Process</b>			
25	<b>Stage 1: Application fee Deposited (Y/N)</b>		Transaction Details to be given	
	<b>Stage 2: Affiliation Fee Deposited (Y/N)</b>			





**To be Taken on Company Letter Head -Sealed and Signed**

I....., (Name), S/O....., R/O....., Mobile No.....do hereby declare that I have furnished the above details to the best of my ability and knowledge and I fully understand that any incorrect information will render my Assessment Agency disqualified for Affiliation. If granted affiliation, I do also agree to meet the other operational conditions as laid down by the SCGJ for the conduct of assessments.

(Authorized Signatory)

Date :

Place :



**Annexure II**
**Matrix to be filled by AA**

S No.	Parameter	Max Points	Criteria	Weightage Points		
I	Overall Experience	15	Number of Years in assessment	More than 10 Years	5 to 10 Years	Upto 5 Years
ii	Experience in sector	10	Number of Years in assessment	More than 5 Years	3 to 5 Years	Upto 3 Years
lii	Candidates Assessed	10	In last 3 years	More than 25,000	10,000 to 25,000	Upto 10,000
iv	Assessment Methodology	10	Will be determined by evaluation committee	Subjective score based on rigour and innovation of approach and methodology		
V	Affiliation with Govt. Organization (GoI or State Skill Missions)	10	Affiliated with minimum 1 organization	More than 5 Organisations	3 to 5 Organisations	1-2 Organisation(s)
Vi	Geographic Presence	10	Minimum presence in 3 States/UT	More than 10 States	4 to 10 States	3 States
Vii	Affiliated with other SSC	05	Minimum affiliation with 3 SSCs	More than 5 SSCs	4 or 5 SSCs	3 SSCs
Viii	Mode of assessment – Tablets/Pen and Paper	20	Assessment Modalities and Geo tagging	Online Computer based	Offline Computer based	Pen-Paper mode
Ix	Monitoring Mechanism of assessments	10	Continuous Monitoring of the Assessment	Real time Online Video-Audio Monitoring & Recording	Standalone Video-Audio Records	Visits by Proctors
X	Number of Subject Matter Experts on company's payroll	20	Based on evaluation of CVs	More than 5 Experts	3 to 5 Experts	Upto 2 Experts
Xi	Number of Assessors on payroll	10	No. of Assessors	More than 25 Assessors	10 to 25 Assessors	Upto 9 Assessors
Xii	Number of full time employee	10	No. of full time employee	More than 25 Employees	11 to 25 Employees	Upto 10 Employees
Xiii	Valid ISO Certification	10	Continuous Years in service with ISO Certification	More than 5 Years	3 to 5 Years	Upto 3 Years

	Grand Total	150	
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## Annexure III

**Number of years of existence**

Legal Constitution of Applicant (Registered Public Limited/ Private Limited Company/ Registered Society/ Trust/ Association/ Trade Body/ Registered Educational Institution/ University/ Partnership Firm)	
Type of the Bidding Entity	
Name of Registering Authority	
Registration Number	
Date of Registration	
Place of Registration	

For and on behalf of:

(Company Seal)

Signature:

Name:

Designation:

Note:

1. Please provide copy of the registration certificate from the appropriate

Registering Authority.

2. Please provide details of first assessment conducted to ascertain the number of years of experience in specific sectors.





## Annexure IV

**Financial Standing – Annual Turnover**

Certificate from the Chartered Accountant/Audit Firm regarding Annual Turnover from assessment programs in India of the applicant in the immediately preceding 3 financial years.

Financial Year ending 31st March	Turnover From activities (Rs. Lakh)	Assessment
2015-16		
2016-17		
2017-18		

Name of the audit firm/Chartered Accountant:

Seal of the audit firm:

(Signature, name and designation and registration Number of the Chartered accountant/ audit firm)

Date:

Note: Please provide certified copies of audited financial statements of the firm for the immediately preceding two financial years. In the event the Financial Statements for the year 2014-15 are unaudited, provisional financial statements duly certified by Chartered Accountant/audit firm may be submitted.



## Annexure V

### Details of candidates Assessed

Details of the assessments completed in last 3 years by the Applicant. The Applicant should have assessed minimum 10,000 candidates in total and at least 1000 in the SCGJ specific Sector for which affiliation is sought.

Information to be furnished in modules pertaining to vocational skills courses/ modules notified by NCVT/SCVT/Sector Skills Council or recognized by any state or central government

S. No	Project	FY	Location of Project (State)	Project Details	Details of Supporting Proof Provided with Page number

For and on behalf of: (Company Seal)

Signature: Name: Designation:

(Authorized Representative and Signatory)



**List of States for empanelment**

This form shall contain the information of states where the applicant is applying for getting empanelled. The previous operations in the states shall be present here with sufficient proof.

S.No	State Name	Number of assessors based on in this state and are engaged by the Applicant	Number of centers/ office/ operations in the state

For and on behalf of: (Company Seal)

Signature: Name: Designation:  
(Authorized Representative and Signatory)

