

Uttar Pradesh Skill Development Mission

DEPARTMENT OF VOCATIONAL EDUCATION AND SKILL DEVELOPMENT

Application Form for Flexi Training Partner

Section 1: Applicant Details

Date:

Name of Applicant Entity	
Type of Entity	
PAN No.	
TIN No.	
Date of Registration of applicant as legal entity	
Registration No.	
Registered Address	
PIN Code	
Contact No.	

Section 2: Financial Details of Applicant (Last three audited financial years) (Rs in crores)

Sl. No.	Financial Year	Annual Turnover	Annual Net worth
I	2019-20		
II	2018-19		
III	2017-18		

Section 3: Training Experience of Applicant in Skill Development

S.No.	Project Name	Year of Completion	Total Target	Total Trained Candidates	Total Candidate absorbed in company

Section 4: Details of Core Business Activities

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Section 5: Choice of Courses: (NSQF Compliant/QP-NOS courses only)

Course List available on www.upsdm.gov.in**

Sr. No.	Sector	Course title	QP- NOS Code	Category of the Course	Course duration in hours

Section 6: District-wise year-wise Training & Placement Targets

Minimum placement to be achieved by Flexi-MoU training partner is 80% this can be achieved by captive placement or placement in other companies in relevant sector.

Financial year	Proposed District for Training	Proposed Place/Centre Of Training. (Government/Private)	Proposed Investment in the Centre of training	Proposed Training Targets	Placement Target (within the Applicant Entity)	Placement Targets (in other companies)
2020-21						
2021-22						
2022-23						

Section 7: Type of Training

Sr. No.	Type	Yes/No
1	Residential	

Section 8: Scanned documents attached in support of Application

Annexure No.	Point for which document is attached	Remarks
1	Registration Certificate as Legal Entity	
2	CA Certificate for balance sheet / turnover	
3	Letter supporting placement of candidate (Captive or other)	
4	If any Other	

Declaration

I certify that I am the authorized person to file the application on behalf of the applicant and also certify that the information furnished above is complete in all respect to the best of my knowledge. In case any information in the application is found to be false or incorrect, then the application may deemed to be cancelled without any opportunity of being heard by the Central / State Government (as the case may be), and the applicant and myself shall be liable for any panel action for misrepresentation of facts to the Government which tantamount to be fraud.

Name and Designation of the Signatory

Place:

Date:

Please Note:

- 1. If the applicant organization is subsidiary please submit parent organization financial papers along with subsidiary company papers.*
- 2. In case the applicant is subsidiary organization or trust the placement commitment is to be provided by the parent organization.*
- 3. The hard copy of application for shall be signed and stamped on every page by the authorized Person.*