

# Expression of Interest (EOI)

EOI No. MP/DSYW/Training/EoI/2021-  
22/01 Date: 04.02.2022

Empanelment of Knowledge & Execution Partners to undertake the training project under “DSYW Beauty Academies in the State of Madhya Pradesh”



## **The Department of Sports & Youth Welfare, Madhya Pradesh**

Tatya Tope Stadium Bhopal, Stadium, STT Nagar, TT Nagar, Bhopal, Madhya Pradesh 462003, [www.dsywmp.gov.in](http://www.dsywmp.gov.in)

# THE DEPARTMENT OF SPORTS & YOUTH WELFARE

Tatya Tope Stadium Bhopal, STT Nagar, TT Nagar, Bhopal- 462003

[www.dsywmp.gov.in](http://www.dsywmp.gov.in)

## Expression of Interest (EOI)

For empanelment of Knowledge & Execution Partner to undertake the training project under **DSYW Beauty Academies in the State of Madhya Pradesh**, In first phase, courses only under category Beauty & Nutrition are being invited.

**Background:** Madhya Pradesh Directorate of Sports and Youth Welfare (hereinafter referred to as DSYW, MP) is involved in comprehensive development of sports within the state of Madhya Pradesh. DSYW has been diversified into multiple sectors and built multiple non-sports training academies for the betterment of youth of Madhya Pradesh. DSYW has already set-up the Beauty & Wellness training academies in **Bhopal, Indore & Gwalior**.

To provide employment to the youth in Beauty & Wellness sector, the department has initiated this career oriented drive way back in 2007 and trained around 2000+youths across the 3 academies since inception. It's **an employment linked self-financed scheme** and all successful candidates of the academy are being provided placement or offered self-employment through DSYW knowledge Partner& execution partner.

DSYW invites the **Expression of Interest (EOI) from interested and eligible Agencies for submission of proposal for empanelment to undertake training project under DSYW Beauty Academies in the state of MP.**

DSYW, with the EOI will identify right kind of Knowledge & Execution Partner across academies in Beauty & Wellness sector. DSYW will be acting as the infrastructure Partner for this scheme. These skill and livelihood development programs benefiting the unemployed youth of the state and to meet out the demand of skilled manpower.

No.	Parameters	Conditions/Provisions
1	Eligibility Criteria	<p>1. The Agency should be a registered Proprietorship/Partnership Firm/Private Limited Company/ Public Limited Company/Registered Society/Trust/Association/Government institutions/ Public Sector Units and technical and professional institutes having affiliation or recognition of relevant Board/ Council etc.</p> <p>The applying agency will submit the details of project with a covering letter <b>Annexure-1</b> and submit applicant details with relevant documents as per <b>Annexure-2</b>.</p> <p><b>All the agencies mentioned above should</b></p> <p>a) Have been active and operational continuously anywhere in the country for the last 10 years on the date of application.</p> <p>b) Have average annual turnover of Rs.7 Crore or more from skill development and placement linked programs (Grant/funded) OR Rs. 20 Crore or more from various activities, in the past three consecutive years (2018-2019, 2019-20, 2020-21).</p> <p>c) Agency is required to submit copy of audited financials for the last three years along with <b>Annexure-3OR</b>, Existing or Ex-Knowledge/ Training partners / PIAs already empanelled with DSYW in any training scheme would also be eligible for empanelment under this EOI. <b>Annexure-3a</b>.</p> <p>d) Have established and run successfully at-least 20 skill development centers (Grant/Fee Based/Self-financed) in the State/UT of India any of the last three consecutive years. <b>Annexure-4 (New Agencies)</b></p> <p>e) Have trained not less than 3000 youth in Beauty &amp; Wellness sector and have provided placement to not less than 2100 youth in last three consecutive years (Existing or Ex-Knowledge partner's of DSYW should have trained 2000 or more youth in Beauty &amp; Wellness and have provided placement to 1400 or more youth in last 3 consecutive years). <b>Annexure-5 &amp; 5a</b>.</p> <p>f) Not have been black listed by any donor agency/State Government/Central Government. A self-certificate must be submitted as per <b>Annexure-6. (New Agencies)</b></p> <p>g) Submit self-declaration on assurance to follow DSYW norms (as amended from time to time) <b>Annexure-7. (New Agencies)</b></p> <p>h) Submit past performance (program wise) Industry Link ages &amp; basic project plan of Self-financed scheme in formation as per <b>Annexure-8</b></p>

		<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>➤ Joint Ventures (JVs) are also permitted to apply for the program- JV members will be jointly &amp; severally liable. Agreement (Undertaking) of JV must be submitted along with the proposal. Further, JV agreement should be submitted before the signing of MoU under the project.</li> </ul> <p><b>*DSYW will not be permitting franchisee/subletting of trainings by empanelled partners under this scheme.</b></p> <ul style="list-style-type: none"> <li>➤ Existing or Ex-Knowledge /Training Partner working with DSYW may be given preference.</li> <li>➤ <b>Only NSDC partners are invited for the empanelment.</b></li> </ul>
2.	Duration of the Project	5 years initially; extendable up to 5more years
3.	Funding Pattern	Its self-financed scheme and student will pay to DSYW or Knowledge Partner, based on the agreement terms as per DSYW guidelines (as amended from time to time).
4.	Organization of Training	The Applicant has to follow Industry training guidelines / any circular issued by DSYW pertaining to self-financed scheme component (as amended from time to time) for Mobilization, Training delivery Assessment & Certification, Placement, Placement Tracking, Payment pattern etc.
5.	Submission of Proposal	<p>Interested agencies fulfilling eligibility conditions as mentioned above can submit their detailed proposal for undertaking “ <b><u>DSYW Beauty Academies in the State of Madhya Pradesh</u></b>” to the Director, Department of Sports &amp; Youth Welfare (DSYW) Head Office, Bhopal on or before 20th February 2022 by 5 PM.</p> <p>The proposal should carry following documents as per checklist given in the EoI:</p> <ol style="list-style-type: none"> <li>1. Covering Letter-Annexure-I</li> <li>2. Applicant details along with required documents as per Annexure-2</li> <li>3. Copy of audited financials for the last 3years along with required documents as per Annexure-3 OR 3a.</li> <li>4. Details of 10 skill development centers across PAN India as per Annexure-4</li> <li>5. Training and Placement details with required documents as per Annexure 5 OR 5a</li> <li>6. An affidavit for not being blacklisted Annexure-6</li> <li>7. A self-certificate/declaration as per Annexure-7</li> <li>8. Past performance of conducting similar skill development training in last 3 years Annexure-8</li> </ol> <p>The Director, DSYW reserves the right to accept or reject any proposal without providing any reason, whatsoever. The <b>decision of DSYW, MP</b> shall be final and binding upon the Company/Agency.</p>
6.	Mechanism for approval of the Project	<ol style="list-style-type: none"> <li>a) Desk appraisal</li> <li>b) Presentation of the short listed applicants before designated committee of DSYW.</li> <li>c) Evaluation of the proposals by DSYW at competent level.</li> <li>d) Issuance of sanction/Empanelment order</li> <li>e) The empaneled training partners would be required to sign MoU with DSYW for Knowledge &amp; Execution Partner.</li> </ol>
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• DSYW reserves the right to amend courses and guidelines from time to time.</li> <li>• DSYW has full powers to decide about the number of candidates to be trained in a particular year. Its decision will be binding on all organizations submitting the proposals.</li> <li>• In case of any contradiction between scheme guidelines and DSYW direction the term &amp; conditions of DSYW will prevail.</li> </ul>		

For further Contacts & Enquiry:-

1. Email – [dsywmp@gmail.com](mailto:dsywmp@gmail.com) ( please put actual email ID here)

Check list for proposals submitted in response to Expression of Interest (EoI) to undertake the training project under “**DSYW Beauty Academies in the State of Madhya Pradesh**”

<b>S. No.</b>	<b>Document Description</b>	<b>Document Attached (Y/N)</b>	<b>Page Number</b>
1.	Covering Letter as per <b>Annexure 1</b> of EoI document		
	Applicant’s Details as per <b>Annexure 2</b> of EoI document		
	<ul style="list-style-type: none"> <li>• Relevant document for Proprietorship /Partnership Firm/ Private Limited Company/ Public Limited Company/ Society/Trust/ Association/ Government institutions/technical and professional institutes having affiliation or recognition of relevant board or council</li> </ul>		
	<ul style="list-style-type: none"> <li>• Copy of PAN Card</li> </ul>		
	<ul style="list-style-type: none"> <li>• Trade license/Sales tax registration/IT registration(if any)</li> </ul>		
	Audited Financials for last three consecutive years along with <b>Annexure 3</b>		
	<b>Annexure 3(a)</b>		
	Balancesheetoflast3years(2018-19) (2019-20) (2020-21)		
	IncomeTaxReturnAcknowledgementforlast3years(2018-19) (2019-20) (2020-21)		
4.	Details of 10 skill development centers across PAN India per <b>Annexure-4</b>		
	TrainingandPlacementdetailsasper <b>Annexure-5</b>		
	<b>Annexure-5(a)</b>		
6.	An affidavit for not being black listed as per <b>Annexure-6</b>		
7.	Self-certificate/declaration as per <b>Annexure-7</b>		
8.	Past Performance, Linkages, Strategy & Best Practices <b>Annexure-8</b>		
9.	Copy of EoI Document with sign and seal of Company Secretary/AuthorizedRepresentativeandSignatoryoneachpageofEoIDocument		

**For and on behalf of:**

Signature:

Name:

Designation:

(Authorized Representative and Signatory)Date:

Place:

**Annexure -1:**  
**Format of the Covering Letter**

**<< The Covering Letter is to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letter head and official seal (Letter of authorization is also too been closed)**

**>>**

To

**The Director**

Department of Sports & Youth Welfare (DSYW)  
TT Stadium, STT Nagar, Bhopal -

**Sub: Request for Empanelment under self-financed scheme component under DSYW Beauty & Wellness Academies in MP as Knowledge & Execution training partner**

Dear Sir,

Please find enclosed Copy of our Proposal in respect of the Empanelment for ‘**DSYW Beauty Academies in the State of Madhya Pradesh**’ in DSYW, in response to the Expression of Interest (EOI) Document issued by the Department of Sports & Youth Welfare(DSYW),dated\_\_\_\_\_.

We here by confirm that:

1. The proposal is being submitted by\_\_\_\_\_ (name of the agency who is the applicant, in accordance with the conditions stipulated in the EOI).
2. We have read the guidelines and EOI document in detail and have understood the terms and conditions stipulated in the EOI Document issued by DSYW, MP. We agree and undertake to abide by all these terms and conditions along with subsequent communication from DSYW, MP. Our Proposal is consistent with all the requirements of submission as stated in the EOI or in any of the subsequent communications from DSYW, MP.
3. The agency has also read the detail guideline and being empanelment with NSDC (National Skill Development Corporation).
4. The information submitted in our Proposal is complete, is strictly as per the requirements as stipulated in the EOI and is correct to the best of our knowledge and understanding. We would be solely responsible for any errors/omissions/false information in our Proposal. We acknowledge that DSYW will be relying on the information provided in the Proposal and the documents accompanying such Proposal for empanelment of the applicant for the aforesaid programme, and we certify that all information provided in the application is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying such Proposal are true copies of their respective originals.
5. We acknowledge the right of DSYW to reject our Proposal without as signing any reason or otherwise and here by waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account what so ever.
6. We fulfill all the legal requirements and meet all the eligibility criteria laid down in the EOI.
7. This Proposal is unconditional and we here by undertake to abide by the terms and conditions of the EOI.

8. We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

This Proposal is made for the express purpose of Empanelment of Knowledge & Execution Partners to undertake the training project under “DSYW Beauty Academies in the State of Madhya Pradesh”.

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative and Signature) Date:

Place:

**Annexure -  
2: Applicant Detail**

**S**

**<<Declaration to be submitted under the signature of Authorized Representative/Signatory of the applicant agency on official Letter head and official seal>>**

S.No.	Description	Details	
1	Name of Legal Constitution of Applicant		
2	Status/Constitution of the Firm		
3	Name of Authorize Signatory (enclose letter of authorization)		
4	Contact address and number		
5	Registration Number		
6	Date of Registration		
7	Place of Registration		
8	PAN Card Number		
9	Primary point of contact (For all sort of communication purpose)	Email	Contact No
11	Secondary Point of Contact	Email	Contact No

**For and on behalf of:**

Signature:

Name:

Designation:

(Authorized Representative and Signatory)

Date:

Place:

Note: Please provide copy of the registration certificate from the appropriate Registering Authority as given below:

If Company

- Certificate of Incorporation of company If Proprietorship Firm
- Copy of Certificate of the Proprietorship duly certified by a Chartered Accountant. O Copy of trade license/ sales tax registration/ IT registration

If Partnership Firm

- Copy of Registered Partnership Deed/Certificate of the Partnership duly certified by a Chartered Accountant.
- Copy of Registration/ Incorporation Certificate and Memorandum and Articles of Association.

If Society/Trust/ Association

- Copy of Registration Certificate and Bylaws of Society/Trust/Association.

**Note:1) In addition to above registration certificate, Applicant needs to submit the copy of PAN Card.  
2) All documents are mandatory to be submitted with Annexure.**

### **Annexure-3:FinancialDetails**

<<Declaration to be submitted under the signature of Chartered Accountant on Letter head with is/her dated Sign and Seal>>

#### **To whom so ever it may concern**

On the basis of audited financial statements, we hereby certify that (.....Name of Agency) having registered office at (.....Office address) has an average annual turnover of Rs. 7 Cr or more from skill development(Grant & Fee Based)and placement linked programs **OR** Rs. 20 Crore or more from various activities, in the past threeconsecutiveyears(2018-19,2019-20,2020-21).Thedetailsofannualturnoverarementionedbelow:

				(Amt. incrore)
S. No.	Financial Year	Annual Turnover(Rs Crore) <i>(From skill development and placement linked programs)</i>	Annual Turnover(Rs Crore) <i>(From other various activities)</i>	Total Turnover(A+B)
1	2018-2019			
2	2019-2020			
3	2020-2021			
<b>Average Annual Turnover</b>				

**Note:** Audited financial statements for the past three years (2018-19,2019-20,and 2020-2021) should be submitted by the Applicant.

Chartered Accountant:  
Signature

Name  
Registration No  
Contact No.  
Seal

Date:  
Place:



**Annexure-3a:**  
**Empanelment Details for Existing or Ex-Knowledge Partner/PIA's**  
**of DSYW**

<<Declaration to be submitted under the signature of Authorized Representative/Signatory of the  
applicant agency on official Letter head and official seal>>

S.N.	Particular	Details
1	Partner under (Scheme name)	
2	Sanction Order date & number (if Any)	
3	MoU Signing Date	
4	MoU Valid Upto	
5	Allotted sectors & Course	
6	Allotted Districts	
7	Training Performance(Trained & Placed in last final 5years)	

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative and Signature)

Date:

Place:

## **Annexure -4: Training Centre Details**

**<<Declaration to be submitted under the signature of Authorized Representative/Signatory of the applicant agency on official Letter head and official seal>>**

For each skill development Centre:

<b>S.N.</b>	<b>Particulars</b>	<b>Details</b>
1.	District/City	
2.	Name of the training Center	
3.	Full address and telephone number	
4.	Nearest landmark	
5.	Sector/courses conducted	
6.	Number of Classrooms	
7.	Number of practical rooms	
8.	a) Separate Wash Rooms for Boys and Girls (Yes/No) b) Lab infrastructure available (Yes/No)	
10.	Current Status (Functional or Non-functional)*	

**\*If not functional, please mention the date from which the Centre was not functioning.**

Notes:

1. Please enclose Documentary Evidences regarding training Infrastructure available in the form of:
  - a. 2 photos per Training Center. In the case of training centers.
  - b. The Training Provider should have its own / rented space and facilities for conducting the Training Programmes. The Training Provider should provide proof of availability of the facility to the Training Provider in the form of ownership document/ lease agreement. In case the facility is proposed to be taken by the Training Provider, document evidencing payment of token advance and/or firm letter of commitment by the owner of the facility along with ownership document shall be provided. In addition to status of the lease /rent agreement should also be provided.
2. The Evaluation Committee may also inspect the premises of each institute for verifying the Infrastructure Presented in the proposal. The documentary proof has to be made available at respective training centers also for verification.

## Annexure-5:

### Training and placement details

<<Declaration to be submitted under the signature of Authorized Representative/ Signatory of the applicant agency on official Letter head and official seal>>

Financial Year	Total No. of Candidate Trained	Details of Supporting Document enclosed with the Proposal	Placement provided to number of candidate got trained	Details of supporting documents enclosed with the proposal
2018-19				
2019-20				
2020-21				

For and on behalf of:  
Signature:

Name:  
Designation:  
(Comp any Seal)  
(Authorized Representative and Signatory) Date:

Notes:

**Please provide Supporting proof as given below:**

For Trainings conducted self-attested copies of any of the following documents:

Certificate from Government bodies or international funding agencies indicating experience in conducting similar 'Placement Linked Training Programme' in the related field of Beauty Sector with number of youth trained (self-attested printouts of verifiable information from Government or agency OFFICE/websites or from the funding agencies will be accepted)

For Placements conducted self-attested copies of any of the following documents:

- Certificate from Government bodies indicating experience in conducting 'Placement Linked Training Programme' in the related field of Sector with number of youths placed (self-attested printouts of verifiable information from Government websites will be accepted)
- Letter from the employer confirming employment of Trainees from the institute or agency clearly indicating the date of recruitment, numbers recruited and sector/ category of work.
- Original Certificate by a Chartered Accountant defining the number of youth placed by the Training Provider during each last three (3) years.

**Annexure-5a**  
**Training and placement details**

<<Declaration to be submitted under the signature of Authorized Representative /Signatory of the Applicant agency on official Letter head and official seal>>

**Details of Training & Placement of Various Schemes Conducted by TPs in Beauty & Wellness**

Sr. No.	Year	TargetsSanctioned			Total No. ofTarg ets	TargetAchieved			TotalNo.ofC andidates	PlacementProvided*			TotalNo.of Candidates	Percentage ofPlaceme nt	Remarks
		NameofScheme				NameofScheme				NameofScheme					
		Scheme -1	Scheme -2	Othe rs		Schem e-1	Sche me- 2	Others		Schem e-1	Sche me- 2	Others			
1	2018														
2	2019														
3	2020														
4															

*/\*should submit the list of placed candidates in the format given below\*/*

Sr. No.	Name ofplace d trainee	PlacedOr ganization	Salary per month	PhoneNo.	E-mailID	AadharNo.
1						
2						
3						

**Annexure-6:**  
**An affidavit for not being black listed**

**<<An affidavit on an on-judicial stamp paper of INR10/-by Company Secretary/Authorized Representative and Signatory of the Applicant with his/her dated Sign and Seal>>**

**AFFIDAVIT**

We, <<M/s Company name>>, having its registered office at <<Office address>>, do hereby declare that the Applicant hasn't been blacklisted/ debarred by any donor agency/ State Government/ Central Government authority for breach on our part.

For and on behalf of:

Signature:

Name:

Designation:  
(Authorized Representative and Signatory)

Date:

Place:

**Annexure -  
7: Self-  
Declaration**

**<<Declaration to be submitted under the signature of Authorized Representative/Signatory of the applicant agency on official Letter head and official seal>>**

**To whom so ever it may concern**

On the basis of registration document/certificates, we M/s..... (Name of agency), having office at..... (Office address), hereby give our consent for following as per norms of DSYW (As amended from time to time):

1. To run or execute dedicated Skill Development Center (SDC) set-up as per given specification in the guideline with specified capacity.
2. To mobilize and counsel youth for Beauty & Wellness training and taking up a job, wherever available (wage/self-employment) after training.
3. To hire/engage competent and eligible trainer (s) to undertake training in the proposed courses as per DSYW guidelines.
4. To arrange assessment and certification of trained youth through a mutual assessment process as per DSYW guideline
5. To arrange employment for trained youth as per DSYW guideline
6. To maintain record soft rainings & placement after conducts of skill ~~trip~~ rogrammes for 3 years.

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative and

Signatory) Date:

Place:

**Annexure-8:**  
**Past Performance, Placement Link ages & Key Project Plan of PMKVY (CSSM)**

<<Declaration to be submitted under the signature of Authorized Representative/ Signatory of the applicant agency on official Letter head and official lseal>>

**1. Training & Placement Performance:**

- Provide details of past experience of conducting similar skill development training in last 3 years (FY2018-19, 2019-20, 2020-21).
  - Only trained and certified candidate details to be provided in the Beauty Sector.
- (Candidate details may be verified on random basis and verification outcome may be used for the proposal Evaluation purpose)

**A. Central Govt./State Funded Training Programs (excluding PMKVY and STAR)**

*Table 1: Past Performance-Central Govt/State Govt. Programs*

Year	Project Name*	Funding Ministry/Departments	Key description of program	Project duration (Start & End date)	Total Candidates Trained	Total candidates Placed	Placement % (Placed/ Certified)	Total candidates tracked in post placement service (PPS)	Remarks
2018									
2019									
2020									

**B. Industry Sponsored and Paid Training**

Table2: Past Performance – Industry Sponsored & Paid Training

Year	Project Name*	Funding Ministry/Departments	Key description of program	Project duration (Start & End date)	Total Candidates Trained	Total candidates Placed	Placement % (Placed/ Certified)	Total candidates tracked in post placement service (PPS)	Remarks
2018									
2019									
2020									

**\* If project executed more than one in a year, please furnish the information separately.**

**2. Industry Linkages:**

- Provide placement linkages/tie-up's with industries for the purpose of providing placements to the candidate in Beauty & Wellness sector
- Industry linkage data may be verified on random basis and verification outcome may be used for the proposal evaluation purpose
- Attach supporting documents for the linkages/tie-up's with the industry, i.e. signed agreement/contract/ work order/LOI etc.
- Documents of tie-ups should be enclosed.

Table3: Industry Linkages

Year	Name of the organization/company	Contact person name	Contact person designation	Contact person mobile no.	Sector/trade of company	Job role offered	No. of candidates placed	Remarks
2018								
2019								
2020								

**Note:** - The shortlisted applicant will be required to make a detailed presentation to DSYW about the Program/Project Plan.

For and on behalf of:  
Signature:

Name:  
Designation:  
(Authorized Representative and Signatory)  
Date:  
Place: