# No. PMD-10/1/2023-US-(PM-DAKSH) Government of India Ministry of Social Justice and Empowerment Department of Social Justice and Empowerment

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Shastri Bhawan, New Delhi Dated: 05<sup>th</sup> June, 2024

#### **Dear Training Institutions,**

As you are aware, Department of Social Justice & Empowerment implements Pradhan Mantri Dakshata aur Kushalta Sampann Hitgrahi (PM-DAKSH) Yojana for providing high quality skills through good quality institutions to empower the target groups in finding jobs or self-employment ventures. A copy of the revised scheme guideline has been made available on the Department's website i.e. <a href="https://socialjustice.gov.in/schemes/100">https://socialjustice.gov.in/schemes/100</a>. All Training institutes are requested to kindly go through different provisions of the scheme before apply.

- 2. This Department is contemplating to empanel for 2024-25 competent and desirous Government and Private Training Institutes having sufficient academic and physical infrastructure, with good track record of performance. Accordingly, the Department invites Expression of Interest (EoI) for empanelment of Training Centres (TC's) for imparting training under PM-DAKSH for the financial year 2024-25. For this purpose, the following information may kindly be provided through email:
  - a) Certificate of incorporation to be attached
  - b) A copy of the PAN Card/GST No. to be attached
  - c) Audited Account Statement for the last 3 financial years
  - d) Copy of sanction order / work allocation order (w.r.t. Skill Trainings imparted during last 3 years in any government scheme)
    - Number of trainees trained in total (year-wise, scheme-wise details) in (Annexure-I).
    - Number of trainees placed in different organisation (year wise, scheme-wise details) – data may be shared as per the attached format (Annexure-II).
  - e) Up-to-date Letter of Registration (LoR) issued through SMART portal; in respect of any job role for which you intend to train
  - f) Undertaking in your letterhead that if any information or claim furnished by you in respect of your training institute/centers is found to be incorrect, your empanelment may be cancelled by the Department and further penal action as per provisions of the scheme may be taken (Reference: Annexure-III)

- g) Undertaking in your letter head that your organization (including different training centres) has <u>not</u> been blacklisted by any of the Government (Central and State both)
- h) Proposal for Skill Training under PM-DAKSH for FY 2024-25 in attached format (Annexure-IV)
- i) Other relevant documents with respect to para 7.3 of the scheme guideline.
- 3. Kind attention is invited to para 7.3 of the guideline which, *inter alia,* state that priority would be given to courses which mandates compulsorily On the Job Training (OJT) in skill courses.
- 4. Mandatory pre-requisites for applicant organization(s) applying for conducting Skill Development training under different categories are:

| S.No. | Pre-qualification criteria           | Yes | No | Means of verification   |  |  |  |
|-------|--------------------------------------|-----|----|-------------------------|--|--|--|
| 1     | Has the organisation completed       |     |    | Certificate of          |  |  |  |
|       | three years of incorporation as on   |     | •  | incorporation to be     |  |  |  |
|       | 31.03.2023?                          |     |    | attached                |  |  |  |
| 2     | Whether the organisation has a       |     |    | A copy of the PAN       |  |  |  |
|       | valid PAN Number, GST number?        |     |    | card/GST No. to be      |  |  |  |
|       | ·                                    |     |    | attached                |  |  |  |
| 3     | Whether the average annual           |     |    | Audited account         |  |  |  |
|       | turnover of the last three years is  |     |    | statement for the last  |  |  |  |
|       | at least 25% of the total project    |     |    | 3 financial years       |  |  |  |
|       | cost proposed?                       |     |    |                         |  |  |  |
| 4     | Whether the organisation has had     |     |    | Audited account         |  |  |  |
|       | a positive net worth during the last |     |    | statement for the last  |  |  |  |
|       | three consecutive financial years?   |     |    | 3 financial years       |  |  |  |
| 5     | Whether the organisation has any     |     |    | Copy of sanction order  |  |  |  |
|       | experience in imparting skill        |     |    | / work allocation order |  |  |  |
|       | development training in last three   |     |    | issued by any of the    |  |  |  |
|       | years?                               |     |    | Government              |  |  |  |
|       |                                      |     |    |                         |  |  |  |

- 5. In case of a Government Training Institute, a self-certified statement indicating that the training institute is a Government training institution and the documentary proof thereof indicating explicitly that your institution is a Government training institute along with other relevant documents as per para 2.
- 6. If the information provided by the organization meets the requirement of PM-DAKSH Scheme and upon recommendation and approval of the competent authority, MoA will be signed between DoSJE and training institute for imparting training under PM-DAKSH for the FY 2024-25.

- 7. The empanelment of the TC may be terminated at any point of time if any violation of norms as mentioned in the scheme guideline / any wrong information given against this EoI is found during the implementation of the PM-DAKSH Scheme.
- 8. All information contained in this document are of good interest and faith. This is not an agreement and is not an offer or invitation to enter into an agreement of any kind with any party. Department of Social Justice and Empowerment (DoSJE) reserves the right to cancel this document, and/or invite afresh proposals with or without amendments to this document without liability or any obligation for such document, and without assigning any reason. DoSJE reserves the right to take final decision regarding award of contract.
- 9. Submission of proposal under EoI mode does not guarantee allocation of target under PM-DAKSH (2024-25). Thus, this EoI document does not encourage creation of any new training infrastructure specifically for imparting training under PM-DAKSH (2024-25).
- 10. Under no circumstances DoSJE will be held responsible or liable in any way for any claims, damages, losses, expenses, costs or liabilities whatsoever (including, without limitation, any direct or indirect damages for loss of profits, business interruption or loss of information) resulting or arising directly or indirectly by application or non application to this EoI.
- 11. The complete proposal with all documentary proofs as requested above should be received through email at <a href="mailto:pawan.bhati83@gov.in">pawan.bhati83@gov.in</a> or in hard copy at Room No. 631, A-Wing, Shastri Bhawan, New Delhi by **5:30 PM on 04.07.2024**. Any clarification in this regard may be obtained through email at devenderk.mowr@nic.in and pawan.bhati83@gov.in.

(Puspendra Singh)

Dy. Secretary to the Govt. of India

Tel.: (011) 2307 0251

#### Copy to:

- (i) MD to NSKFDC with request that the invitation should be given wider publicity. A copy of the communication should be uploaded on PM-DAKSH Portal at suitable place.
- (ii) Director General, NIESBUD, MSDE, Gol
- (iii) Director of all Indian Institute of Entrepreneurship, MSDE, Gol
- (iv) Director, NIC (with the request that a copy of this communication may be uploaded on the website of the Department to ensure wider visibility and publicity).

#### **Summary of Trainees Trained**

| FY | Scheme | Implementation Department/Ministry | No. of candidates trained | Candidate took training on [QP ID] |  |  |
|----|--------|------------------------------------|---------------------------|------------------------------------|--|--|
|    |        |                                    |                           |                                    |  |  |
|    |        |                                    |                           |                                    |  |  |
|    |        |                                    |                           |                                    |  |  |
|    |        |                                    |                           |                                    |  |  |

<sup>\*</sup>This data may be provided in excel sheet while sending the proposal through email.

Date:

Signature
(Name of the Authorized Person)
Stamp

<sup>\*\*</sup>This must be supported by sanction order of the Department/Ministry.

## **Candidates Placement List**

| FY | Scheme | Implementation Department/Ministry | Candidate<br>took<br>training<br>on | Placed in<br>[Company<br>Name] | Initial<br>Salary | Candidate<br>Phone<br>No. |
|----|--------|------------------------------------|-------------------------------------|--------------------------------|-------------------|---------------------------|
|    |        |                                    | ,                                   |                                |                   |                           |
|    |        |                                    |                                     |                                |                   |                           |

<sup>\*</sup>This data may be provided in excel sheet while sending the proposal through email.

Date:

Signature (Name of the Authorized Person) Stamp

## <u>Undertaking</u>

| I, (Name of the Authorized Person), (Designation                                      |
|---|
| of the Authorized Person) (Name and   |
| address of Training Centre), do hereby declare that the information provided          |
| herein in the EoI application is true and correct to the best of my knowledge and     |
| belief and nothing has been falsely stated or concealed therein. I understand tha     |
| if the said information as given in the application form is found false, at any stage |
| the empanelment of the centre will be liable to be rejected.                          |
|   |
|   |

Date:

Signature (Name of the Authorized Person) Stamp

# DEPARTMENT OF SOCIAL JUSTICE & EMPOWERMENT PRADHAN MANTRI DAKSHTA AUR KUSHALTA SAMPANN HITGRAHI (PM-DAKSH) YOJANA State-wise list of proposed training programmes for Scheduled Castes/Other Backward Classes/Safai Karamcharis/Waste Pickers etc. Financial Year 2024-25

Name of the Training Institute : Complete Address (Head Office): Contact Person:

Contact No. : Email ld:

| SI.<br>No. |       | District | Address of<br>the training<br>centre | Proposed Type of Training (Upskilling/ Short Term Training/and Entrepreneurship Development Programme(EDP) | Residential /<br>Non- | Name of the<br>Job Role<br>proposed for<br>implementatio<br>n/QP ID | Number of Trainees proposed to be trained |                     |   |       | Duration                                   |                  | Mandatory     |
|------------|-------|----------|--------------------------------------|--|-----------------------|---|---|---------------------|---|-------|--|------------------|---------------|
|            | State |          |                                      |  |                       |   | sc  | OBC/<br>EWS/<br>DNT | Safai<br>Karamcharis<br>/ Waste<br>Pickers etc. | QP ID | No. of Hours<br>(including OJT,<br>If any) | No. of<br>Months | Qualification |
| 1          |       |          |                                      |  |                       |   | -   |                     |   |       |  |                  |               |
| 2          |       |          |                                      |  |                       |   |   | -                   |   |       |  |                  |               |
| 3          |       |          |                                      |  |                       |   | -   | -                   | -   |       |  |                  |               |
| 4          |       |          |                                      |  | -                     | -   | -   | _                   |   |       |  |                  |               |
| 5          |       |          |                                      |  | -                     | -   | -   | +                   |   |       |  |                  |               |
| 6          |       |          |                                      |  |                       |   | -   | +                   |   |       |  |                  |               |
| 7          |       |          |                                      |  |                       | -   | -   | +                   |   |       |  |                  |               |
| 8          |       |          |                                      |  |                       |   | +   | +                   | +   |       |  |                  |               |
| 9          |       |          |                                      |  |                       | -   | -   | +                   | 1   |       |  |                  |               |
| 10         |       |          |                                      |  |                       |   |   |                     |   |       |  | -                |               |

Date:

Signature
(Name of the Authorized Person)
Stamp

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