



Rashtriya Gramin Saksharta Mission
(RGSM)

GUIDELINES
&
APPLICATION FORM
TO BECOME TRAINING PARTNER

- **ELIGIBILITY**

Following applicants are eligible to apply:

- **Training Institutes set up/ affiliated by RGSM:**

Any educational/ training institute/Ngo/Trust fulfilling any of the following criteria:

- School running experience certificate for at least one year.
- Should not be blacklisted from any government or semi-government organization.
- There should not be any dispute of any kind, financial or non-financial of any kind.
- Organization must be at least one year old.

- **Company/ Firm/ Society/ Trust**

Any of the above fulfilling any of the following criteria:

- An organization providing Education under Apprentices Act, 1965 for last one year from the date of submission of the application in their own or rented premises.
- An organization registered in India, conducting business in the Education & training, having Permanent Income Tax Account Number (PAN) and audited accounts of statements at least for last one year.

- **REGISTRATION PROCEDURE**

- All applicants are required to submit duly filled in and signed application in the prescribed form along with prescribed application fee
- All supporting documents, as given in the application form shall be submitted along with the application form
- Application may be submitted to RGSM, either in person or through web portal PTP registration . .
- Application form is to be filled in for each training centre. Applicant may apply for more than one centre through separate application forms.
- Application will be processed at two levels:
 - with the corporate of the School, if applicable
 - with individual School

- **APPLICATION FORM**

Application form for Registration/ Accreditation as a Training Partner may be requested from RGSM by sending in a request via e-mail or web portal .

- **EVALUATION OF APPLICATION**

- RGSM shall evaluate all applications received, within a period of 15Days month from the date of receipt of the application.
- RGSM may call for additional information, if required.
- RGSM or its representative(s) may investigate the correctness of the information provided by the applicant.
- The applicant may be called for a personal meeting/ interview with RGSM.

- **APPLICATION FEE**

- The applicant must submit a refundable application fee in form of a Demand Draft, drawn in favor of ‘RASHTRIYA GRAMIN SAKSHARTA MISSION , Payable at New Delhi (In unavoidable situation, cash can also be given to the state in-charge, but after getting permission from the department)
- The application Form Registration fee for the year 2021-22 is Rs 5000/ (five Thousand)

- **ACCEPTANCE OF APPLICATION**

- RGSM shall officially intimate applicant about the successful evaluation of the application.
- Based on the acceptance of application, the applicant if need be, may proceed to:
 - Complete the requisite infrastructure/ equipment requirements as specified by RGSM.
 - Complete the hiring of trainers and other staff as per RGSM norms.
 - Apply for Affiliation/ Accreditation
 - On acceptance of application, the fees charged for the Project training partnership will be charged separately Rs.500000/- (five lakh)

- **EVALUATION OF TRAINING CENTRE**

- On completion of the requirements for Affiliation/ Accreditation, the applicant shall apply for evaluation of the training centre.
- RGSM expects training partner to have requisite infrastructure. This infrastructure may be owned/leased/organized by training partner

- **AFFILIATION/ ACCREDITATION LETTER**

- Based on successful completion of requirements and following recommendations of the Evaluation Team, RGSM shall ask the applicant to:
 - Sign the ‘Training Partner Agreement’
 - Deposit the Accreditation Fee to RGSM.
- On receipt of the signed ‘Training Partner Agreement’ and course licensing/validation Fee, RGSM shall issue the ‘Letter of Affiliation/ Accreditation’.

- **OTHER IMPORTANT GUIDELINES**

- For details of modules, please contact RGSM (State Head).
- Requisite Fees may be paid on-line. Details may be requested from RGSM.
- On receipt of the Registration Letter, applicant shall complete all requirements within the time specified by RGSM. In case the requirements are not completed within the stipulated period of time, RGSM may cancel the Registration.
- RGSM may inspect the training center anytime during the period of accreditation, with or without notice, to ensure compliance to RGSM norms and standards for training partners.
- Affiliation/ Accreditation may be suspended or cancelled based on the terms of the Termination Clause of ‘Training Partner Agreement’.

- **RGSM Contact Details:**

Rashtriya Gramin Saksharta Mission

610 New Nehru Palace

New Delhi

Email : info@irgsm.in

Website Link : <http://www.irgsm.in>

APPLICATION FORM FOR TRAINING PARTNER

INSTRUCTIONS TO THE APPLICANT

- Kindly go through the form thoroughly before filling it up.
- It may be noted that the 'Applicant' here refers to the main promoter/ partner who would run the day to day operations of the proposed Training Centre.
- This application (refer Page 7-14) should be filled in English language only, either by typing or in block letters with black ink.
- All the financial information should be mentioned in Rs Lakh.
- Multiple locations may be applied for an applicant must fill separate application form for each proposed Training Centre.
- Please strike off the headings not relevant to your application.
- If the space provided for giving the information is insufficient, please attach additional sheets.
- Please attach documentary proofs as mentioned in the application form. Documentary proof requirement may be different for different establishments.
- Application form may be sent in an envelope through post e mail to RGSM

From: _____

Date: ____ / ____ / ____

Sir,

Subject: Application for Registration as a Training Partner of RGSM

We the undersigned hereby apply for Registration as a Training Partner under the skill development initiative of RGSM. We would like to state that we have made full disclosure of all the information required in this application and the information provided by us is true to the best of our knowledge and belief.

We acknowledge that this is only an application for consideration of Registration with RGSM and that this application does not place any obligation on RGSM to appoint us as an Accredited/ Authorized training partner.

We understand that RGSM or its representative shall be free to investigate the correctness of information provided by us and/ or call for more information whenever required. During such investigation or at any subsequent stage, in case of any misinformation, whether intentional or unintentional, RGSM may not give acceptance of application or may cancel the same if already issued.

We further acknowledge that the copies of all documents, photographs etc furnished by us would henceforth become the property of RGSM and may be retained by them for their records.

Signature of Main Promoter/ Partner

Name :

Designation :

Phone no. :

Email id :

1. CONTACT DETAILS

| | |
|--------------------------|------------|
| Name of the Organization | |
| Name of main promoter | |
| Contact Details | Address: |
| | District: |
| | City: |
| | State/ UT: |
| | Pin Code |
| | Telephone: |
| | Mobile: |
| | Fax: |
| | E Mail: |
| | Website: |
| Name of Proposed Centre | Address: |
| Contact Details | District: |
| | City: |
| | State/ UT: |
| | Pin Code |
| | Telephone: |
| | Mobile: |
| | Fax: |
| | E Mail: |
| | Website: |
| | Address: |

2. TRAINING MODULE(S) APPLIED

| | |
|---|---|
| RGSM competency based Module(s) opted for Registration (Please refer Appendix 1) | 1. 2. 3. 4. 5. |
| Applying for | First time <input type="radio"/> Reapplying <input type="radio"/> |
| If reapplying, date of previous application | |
| If reapplying, reason of re- application | |

3. INSTITUTE DETAILS

3.1 INSTITUTES SET UP BY GOVERNMENT

| Type of Institute | Affiliation/ Accreditation | Yes/ No |
|---|--|---------|
| School / Ngo/Trust Organization/ Autonomous Organization | NCVT / AICTE | |
| | Central / State Government University | |
| | University recognized by UGC | |
| | Central / State Board of Education | |
| | Board of Technical Education | |
| | Distance Education Council of India | |
| | University recognized by DEC of India | |
| | Set up by Central / State Government | |
| | Any other (Please specify) | |
| | Proposed training capacity for applied RGSM courses per year: Course 1 _____ Course 2_ _____ Course 3 _____ | |

Documentary proof of Registration/ Affiliation/ Accreditation attached: Yes No

3.2 INSTITUTES SET UP BY TRAINING PARTNER

| | |
|---------------------------------------|---|
| Company Details /NGO/Tust | Name: |
| | Date of incorporation: |
| | Nature of business: |
| | Number of permanent employees: |
| Training Institute Details | Name: |
| | Purpose of institute: |
| | Date of incorporation: |
| | Courses conducted at present with annual training capacity: 1. _____ Capacity _____ 2. _____ Capacity _____ 3. _____ Capacity _____. |
| | Affiliation with Govt. University/ Body, if any (Please specify): |
| | Total number of employees : |
| | Number of trainees trained since inception in each course: Course 1 _____ Course 2 _____ Course 3 _____ |
| | Number of Trainees trained in previous financial year in each course: Course 1 _____ Course 2 _____ Course 3 _____ |
| | Proposed training capacity for applied RGSM courses per year: Course 1 _____ Course 2 _____ Course 3 _____ |
| | Placement / Employment record giving details of employers for each course: |

Documentary proof attached:

- | | | |
|---|---------------------------|--------------------------|
| 1. PAN Number | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Service Tax Registration Number | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Registration/ Affiliation/ Accreditation | Yes <input type="radio"/> | No <input type="radio"/> |

3.3 INSTITUTES SET UP BY COMPANIES/ FIRMS/ SOCIETY/ TRUST

| | |
|--|--|
| Company/ Firm/ Society/ Trust Details | Name: |
| | Date of incorporation: |
| | Nature of business/ association: |
| | Education/ Training Institutes operated: |
| | Number of permanent employees: |
| | Permanent Account No: |
| | Service Tax Registration No: |
| Training Institute Details | Name: |
| | Purpose of institute: |
| | Date of incorporation: |
| | Tie ups with Industry, if any: |
| | Courses conducted: |
| | <ul style="list-style-type: none"> • _____ Capacity _____ • _____ Capacity _____ 3. _____ Capacity _____ |
| | Affiliation with Govt. University/ Body, if any (Please specify): |
| | Number of trainees trained since inception in each course: Course 1 _____ Course 2 _____ Course 3 _____ |
| | Number of Trainees trained in previous financial year in each course: Course 1 _____ Course 2 _____ Course 3 _____ |
| | Proposed training capacity for RGSM courses per year: Course 1 _____ Course 2 _____ Course 3 _____ |

PARTICULARS OF THE MAIN PROMOTOR

Particulars of the main Promoter (who would run day to day operations)

Please affix a recent passport size color photograph

Name:

Date of Birth:

Age:

Citizenship:

Residence Address:

Office Address:

Education Qualifications :

| Particulars | Year of Passing | Institute | Degree |
|------------------|-----------------|-----------|--------|
| Graduation | | | |
| Post Graduation | | | |
| Any other Degree | | | |

Total work experience:

Brief background including business/ work experience:

Details of other Promoters

Name:

% stake:

(including main promoter)

Name:

% stake:

Name:

% stake:

Name:

% stake:

4. INFRASTRUCTRE & OTHER DETAILS OF TRAINING INSTITUTE

Area Details:

| Particulars | Number | Area in sq m |
|-----------------|--------|--------------|
| Classrooms | | |
| Workshop | | |
| Other Buildings | | |
| Open Area | | |
| Total Area: | | |

Facilities Available:

- Whether the training institute is owned or leased:
Owned Leased
- In case of ownership, whether the property is:
Mortgaged Hypothecated Under Litigation None
- In case of lease, years of lease: _____

| Number of Trainers : | | |
|-----------------------|--|------------------------|
| Particulars comprises | Permanent | Contract/ Temporary |
| Trainers | | |
| Demonstrators | | |
| Others | | |
| Sub Total | | |
| Total: | | |
| Finance | How much are you willing to invest in infrastructure/ equipment: Rs | |
| | Amount of proposed working capitals : Rs | |

Documentary proof attached*:

- | | | |
|--|---------------------------|--------------------------|
| • Certificate of Registration of Company/ Firm/ Society/ Trust | Yes <input type="radio"/> | No <input type="radio"/> |
| • Memorandum of Association | Yes <input type="radio"/> | No <input type="radio"/> |
| • Audited Account Statement of previous year | Yes <input type="radio"/> | No <input type="radio"/> |
| 4. PAN Number | Yes <input type="radio"/> | No <input type="radio"/> |
| 5. Service Tax Registration Number | Yes <input type="radio"/> | No <input type="radio"/> |
| 6. Registration/ Affiliation/ Accreditation of institute | Yes <input type="radio"/> | No <input type="radio"/> |
| 7. Passport size photograph of main promoter | Yes <input type="radio"/> | No <input type="radio"/> |
| 8. Age proof of main promoter (Driving license/ passport etc) | Yes <input type="radio"/> | No <input type="radio"/> |
| 9. Certificates for education qualifications | Yes <input type="radio"/> | No <input type="radio"/> |
| 10. Photographs / Layout of the current/ proposed training centre (Layout, Classrooms, Workshops & other facilities) | Yes <input type="radio"/> | No <input type="radio"/> |
| 11. Property document showing ownership/ lease | Yes <input type="radio"/> | No <input type="radio"/> |
| • Income tax return of the main promoter | Yes <input type="radio"/> | No <input type="radio"/> |
| • Documentary proof of industry tie ups | Yes <input type="radio"/> | No <input type="radio"/> |

* Applicable to institutes proposed/ set up by Plumbing Companies/ Companies/ firms/ Society/ Trust.