

HOME MANAGEMENT AND CARE GIVERS SECTOR SKILL COUNCIL
(Formally Known as DOMESTIC WORKERS SECTOR SKILL COUNCIL)
A-15, UG FLOOR, OKHLA PHASE – II, NEW DELHI - 110020

Date- 24 Jan 2024

Notice-Inviting Express of Interest (EOI) from Training Partners having Training Centers

SPECIFICALLY FOR THE FOLLOWING STATES ONLY:

Maharashtra

HMCSSC is a non-profit company (Sec. 8) registered under the aegis of National Skill Development Corporation (NSDC) and the Ministry of Skill Development and Entrepreneurship, Govt. of India, (MSD&E) with the purpose to define and operate this key Sector wherein the domestic workers can find decent employment through proper skilling, work, and safe and smooth migration, minimum wages and other aspects of social security. The sub-sectors covered are Housekeeping/ household Services and Caregiving (Non-Clinical). HMCSSC partners with Training Providers and Assessment bodies for imparting training, and certification and constantly upgrading the skilling eco-system.

Eligibility Criteria:

Applicants fulfilling the following criteria will be eligible to participate through this Notice Inviting Expression of Interest:

- The agency should have an existing center/s PAN India/ or a Minimum 3 States
- The agency can be a sole proprietorship firm, partnership firm, Company, Limited Liability Partnership, Trust, or Society. A certificate of incorporation should be furnished by the Agency along with the proposal.
- The Training Agencies and centers should be already registered on the NSDC portal. The List of Centers and job roles that are already registered and accredited/ affiliated is to be furnished to HMCSSC (DWSSC) along with the proposal as per the specified format enclosed at Annexures
- The List of Accreditation Centers issued by NSDC/SSC is to be furnished.
- The applicant training partners should have readiness to commence training on job roles within a period of 120 days from the date of issuance of Letter of Intent.
- Applicant agencies should not have been blacklisted by any donor agency/ State Government/ Central Government. An affidavit has to be submitted as per Annexure-IV

Other Terms and Conditions:

- No joint venture or consortium or association is permissible.
- The Agencies/TP must maintain the required infrastructure and personnel at the centers always during training.
- Merely fulfilling the eligibility criteria for selection of applicant under this EOI or getting empaneled, will not guarantee allocation of work or award of target to the agency.
- Training cost Payment: It will be paid as per Common Cost Norms or as per the guidelines issued by MSDE/NSDC or other Ministry or as amended from time to time.
- The empaneled Training Partners have to ensure that, all the under-training candidates have punch in and punch-out their attendance on the Biometrics real time attendance capturing system in the MIS on regular basis. The same attendance data will be used as means of verification for the payments to the Training Partners.
- Conduct of Training and Branding of the program: The Applicant has to follow guidelines, circulars, notifications etc. Issued by HMCSSC (DWSSC), MSDE, NSDC, including cost and process norms for Branding of the program, Training, Assessment & Certification, Placement, Tracking, Payment disbursement etc.

Scope of Work:

The broad scope of work of the empaneled TPs are as follows:

- Mobilization, Pre-Counselling and Registration of eligible candidates
- Forming Training Batches
- Assignment of ToT certified trainers to the batches.
- Conduct of training
- Getting the trained batch assessed by the SSC
- Placement of the assessed and certified candidates
- Post Placement Tracking of placed candidates

A. Application Procedure:

The response to this Notice Inviting Interest along with all required documents are to be submitted by interested agencies in hard copy on or before 20 Oct 2023 by 5:30 PM. After the due time no applications shall be entertained. The proposal has to be submitted in a sealed non-transparent envelope super scribed with **“Proposal for Empanelment of Training Providers with HMC GSSC (DWSSC)”** along with the details of the applicant with contact no. and email id.

B. Process Flow:

<i>S. No.</i>	<i>Milestone</i>	<i>Date</i>
1	Release of Invitation of Request for Proposal (RFP)	24 Jan 2024
2	Last date for submission the Application (E-Copy) on info@dwsscindia.com	28 Jan 2024
3	Last date for submission the Application Hard Copy	05 Feb 2024
4	Evaluation of RFPs and finalization of Applicants for Presentation to HMC GSSC(DWSSC)	TBD
5	Declaration of Shortlisted Applicants	TBD

Annexure – I- Cover Letter

To,

The Chief Executive officer,
Home Management & Care Givers Sector Skill Council(DWSSC),
A-15, UG Floor, Okhla Phase II, New Delhi 110020

Dear Ma'am,

Subject: Empanelment of Training Providers with HMCSSC(DWSSC)

We hereby submit our RFP in response to the application for RFP for the Affiliation of Training Partners issued by HMCSSC(DWSSC) and we hereby confirm the following:

1. The RFP submitted by_____ (Name of the company) is as per the Terms and Conditions of the RFP issued by HMCSSC(DWSSC)
2. We have examined in detail and have understood and abide by all the terms and conditions stipulated in the RFP Document issued by HMCSSC(DWSSC). Our application is consistent with all the requirements stated in the RFP Document.
3. The information submitted in our Application is complete, is strictly as per the requirements as stipulated in the RFP Document, and is correct to the best of our knowledge and understanding. We shall be solely responsible for any errors, omissions, or misrepresentations in our Bid.
4. We understand that HMCSSC(DWSSC) reserves the right to cancel this RFP at any time without assigning any reason whatsoever.
5. This RFP is valid for a period of 90 days from the time of submission

Signature of Authorized Representative
of the Company (along with Company
Stamp)

Designation:

Annexure – II

Format – Financial Capability Statement

(Duly signed by the Authorized Representative and certified by a Chartered Accountant)

On the basis of audited financial statements, I/ We hereby submit that.....(Name of Bidder), having registered office at, has annual turnover, net profit / loss, net worth and annual turnover from skill development activities, in past three consecutive financial years (2020-21, 2021-22, 2022-23), as follows:

S. No.	Financial Year	Annual Turnover (Rs. Lakhs)	Net Annual Profit / Loss (Rs. Lakhs)	Net worth (Rs. Lakhs)	Annual Turnover from skill development activities/ programs (Rs. Lakhs)
1.	2020-21				
2.	2021-22				
3	2022-23				
TOTAL					
AVERAGE					

For and on behalf of:

Signature: Name: Designation: Date:

(Company Seal)(Authorized Representative and Signatory)

Annexure – III

Format – Training and Placement Record in the proposed training center same of the

Training Centr (i) Training and Placement Record in the Last Financial Year

Name of Job Role	Details	Total no. of candidates for which skill training completed (A)	Total No of candidates who have been certified (B)	Total no. of candidates placed after skill training (C)	Average salary range of placed candidates
	Name of program / scheme				
	Name of program / scheme				
	Name of program / scheme				
	Total				
	Name of program / scheme				
	Name of program / scheme				
	Total				
Total (all job roles for)					

Note 1: Data may be provided for the last financial year.

For and on behalf of:

Signature: Name: Designation: Date:

(Company Seal)(Authorized Representative and Signatory)

Annexure – IV

Affidavit for not being blacklisted

(Affidavit on non-judicial stamp paper by Company Secretary/ Authorized Representative and Signatory of the Bidder with his/her dated signature and company seal)

Affidavit

I/ We, on behalf of..... (Name of Bidder), with its registered office at..... do hereby declare that the above-mentioned Bidder has not been blacklisted/ debarred by any State/Central Government authority / Donor Agency and Government of India.

For and on behalf of: Signature: Name:

Designation:

Date:

(Company Seal)

(Authorized Representative and Signatory)

ANNEXURE – V

I _____ do hereby declare that the following is the list of centers and Job roles registered, accredited, and affiliated on SIP.

List of centers and Job roles registered, accredited and affiliated on SIP TP ID:

S No	Name of Training Centre	Addresses	District	TC ID	Accreditation Rating Score	Star Rating *	Job Role*	QP Code	Sector	Level	Total Capacity of the center For the particular Job Role	No of ToT certified Trainer for Job Role	No of Classroom for Job Role	No of Lab for Job Role

Signature of the Authorized signatory

Accreditation & Affiliation Sample Screen

[illegible]

Part VI – Formats

1. Application Form for Submission of RFP

1.1 Applicant Details

Name of Organization	
Address	
Email	
Contact Person	
Contact Mobile/ Landline	
Website	
Company Registration Type and Registration Number	
Total Number of Employees	
Year of Incorporation	
Total Experience in Skilling	

1.2 Project Details (Details of Projects executed in the last three years)

<i>S. No.</i>	<i>Name of Client</i>	<i>Details, if Any</i>

1.3 List of Sector Skill Councils with whom the applicant has partnership MOU

<i>S.No.</i>	<i>Name of Sector Skill Council</i>	<i>Nature of work done</i>

Experience working in the HMC GSSC(DWSSC);

<i>Total no of Experience and nature of work</i>	
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General Instructions	
1.	Name of the Client: Home Management & Care Givers Sector Skill Council (DWSSC) Method of selection: Proposal with required documents (must be sent in a sealed envelope)
2.	Method of Submission: Online application will be considered only till 28 Jan 2024 on info@dwsscindia.com, Hard copy applications will be considered till 05 Feb 2024 till 5:30 PM.
3.	The name of the assignment is: Training Partner Affiliation in HMCSSC(DWSSC)

Commercial Instructions	
1.	As part of the empanelment process, there is an application fee that is required to cover administrative and processing costs and we kindly request that you submit it to move forward with your application.
2.	The details for the application fee are as follows: Application Fee Amount: Rs.5,000/- (Non-Refundable) Payment Deadline: 28-Jan-2024 Bank Account Details: Bank Detail:-KOTAK MAHINDRA BANK A/C Holder Name:- Home Management and Care Givers Sector Skill Council Account no:-1011764912 IFSC Code :-KKBK0004583 PAN No. :-AAFCD5182N
3.	Please ensure that the payment is made in accordance with the instructions provided above. Additionally, please include the following information with your payment: 1. Your Company's Name: [Company Name] 2. Payment Reference Details: [Provide payment reference number]
4.	Further to the application process, an association fee of Rs 20,000 will be charged on receipt of the letter of association between both parties.

Client:

Home Management & Care Givers Sector Skill Council (DWSSC)

A-15, Okhla Phase II

New Delhi 110020

Phone No: 011-42831823

Website – www.dwsscindia.com

E-Mail – info@dwsscindia.com