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

Date- 31st Jan 2024

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

SPECIFICALLY FOR THE FOLLOWING STATES ONLY;

Maharashtra

HMCGSSC 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). HMCGSSC partners with Industry Partners 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 Industry Partners 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 HMCGSSC (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 industry 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 Organization/IP 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 Industry 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 Industry Partners.
- Conduct of Training and Branding of the program: The Applicant has to follow guidelines, circulars, notifications etc. Issued by HMCGSSC (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 IPs 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 10th Feb 2024 by 4:00 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 Industry Partners with HMCGSSC** (DWSSC)" along with the details of the applicant with contact no. and email id.

B. Process Flow:

S. No.	Milestone	Date
1	Release of Invitation of Request for Proposal (RFP)	31 st Jan 2024
2	Last date for submission the Application (E-Copy) on info@dwsscindia.com	5 th Feb 2024
3	Last date for submission the Application Hard Copy	10 th Feb 2024
4	Evaluation of RFPs and finalization of Applicants for Presentation to HMCGSSC(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 Industry Partners with HMCGSSC (DWSSC)

We hereby submit our RFP in response to the application for RFP for the Affiliation of Industry Partners issued by HMCGSSC (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 HMCGSSC(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 HMCGSSC (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 HMCGSSC (DWSSC) reserves the right to cancel this RFP at any time without assigning anyreason 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:

<u> Annexure – II</u>

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)	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)

<u> Annexure – III</u>

Format – Training and Placement Record in the proposed training center same of the Training Centre (i) Training and Placement Record in the Last Financial Year

Name of Job Role	Details	candidates for which skill	candidates	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				
Total (all j	Name of program / scheme Name of program / scheme Total ob 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)

<u> Annexure – IV</u>

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)

<u>Affidavit</u>

I/ We, on behalf of	(Nar	ne of Bidd	der), wi	th it	s registered
office at Bidder	do hereby	declare	that	the	above-mentioned
has not been blacklisted/ debarred by a	any State/Cer	ntral Gov	ernmer	nt a	uthority / Donor
Agency and Government of India.					

For and on behalf of: Signature: Name:

Designation:

Date:

(Company Seal)

(Authorized Representative and Signatory)

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 Training Project Details (Details of Training Projects executed in the last three years, if any)

S. No.	Name of Client	Details, if Any

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

S.No.	Name of Sector Skill Council	Nature of work done

Experience working with the HMCGSSC(DWSSC);

Total no of Experience and nature of work	