CONCURRENCE MISSIVE BY FACILITATION PARTNER (FP)

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| **INSTITUTION DETAILS** | | | |
| **S No** | **Information Heads** | **Factual Information** | **Remarks** |
| 1 | Name of institution |  |  |
| 2 | Type of institution |  |  |
| 3 | Registration No |  | Attach registration certificate |
| 4 | Year of establishment |  |  |
| 5 | PAN Card details |  | Attach copy |
| 6 | TAN Card details |  | Attach copy |
| 7 | Whether recognized by any bodies? Give details |  | Attach copy |
| 8 | Whether affiliated with any regulatory bodies? Give details |  | Attach copy |
| 9 | Institution Premises owned/rented/leased |  |  |
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| **COMMUNICATION DETAILS** | | | |
| **S No** | **Information Heads** | **Factual Information** | **Remarks** |
| 1 | Postal address of registered/head office |  |  |
| 2 | Postal address of branch office(s), if any |  |  |
| 3 | Communication Details |  |  |
|  | (a)Land line No |  |  |
|  | (b)Mobile No |  |  |
|  | (c) e-mail ID |  |  |
|  | (d) Web site |  |  |
| 4 | Name(s) & Contact Nos of Chairman/Director(s)/President/Promoter(s)/Trustee(s) |  |  |
|  | (a) |  |  |
|  | (b) |  |  |
|  | (c) |  |  |
|  | (d) |  |  |
| 5 | Name & designation authorised signatory who will sign MOA |  |  |
| 6 | Details of authorised person for sending business correspondence |  |  |
|  | 1. Name |  |  |
|  | 1. Designation |  |  |
|  | 1. Address |  |  |
|  | 1. Contact No(s) |  |  |
|  | 1. E mail ID(s) |  |  |
| 7 | Details of the coordinator (Prospective Facilitation Partner to name one officer) |  |  |
|  | 1. Name |  |  |
|  | 1. Designation |  |  |
|  | 1. Mobile No |  |  |
|  | 1. Land Line No |  |  |
|  | 1. E Mail ID(s) |  |  |
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| **Institution Activities** | | | |
| 1 | Main activities of Institution | (a) |  |
|  |  | (b) |  |
|  |  | (c) |  |
|  |  | (d) |  |
|  |  | (e) |  |
| 2 | Brief note on institution & experience(s) |  | Attach profile |

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| **Details of Proposed Training & Training Centre** | | | |
| 1 | Training Sector(s)/Field(s) |  |  |
|  | (a)Sector/Field in which FP desires partnership |  |  |
|  | (b) Job Role(s) | (i) |  |
|  |  | (ii) |  |
|  |  | (iii) |  |
|  |  | (iv) |  |
| 2 | Status of proposed training centre |  | Attach photos |
|  | (a)Postal address |  |  |
|  | (b)Owned/rented/leased |  |  |
| 3 | Available Infrastructure |  |  |
|  | (a) Carpet Area |  |  |
|  | (b) Size of class room(s) |  |  |
|  | (c) No of class rooms |  |  |
|  | (e)Size of labs/workshops, if any **(To be set up for each trade & to be established as prescribed by International Skills)** |  |  |
| 4 | Availability of facilities |  |  |
|  | (a)Availability of Safe drinking water facility |  |  |
|  | (b)Availability of Separate toilets for boys& girls |  |  |
|  | (c) Details of power back up |  |  |
|  |  |  |  |
|  | (d)Availability of parking area |  |  |
|  | (e)Are class rooms & rest of the centre weather protected? |  |  |
|  | (f)Are class rooms & labs illumination level sufficient? |  |  |
|  | (g)Are class rooms & labs ventilation level sufficient? |  |  |
| 5 | Library facility, if any |  |  |
|  | (a)No of books held |  | Attach details separately |
|  | (b)No of Magazines/periodicals being subscribed |  | Attach details |
|  | (c) Whether in hindi/English/local language |  |  |

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| **Financial Plans** | | |
|  | Business/Commercial Proposal**(To be discussed & implement mutually agreed plan)** | **( FP to give his expectations & Justification)** |

I hereby certify that the information given above is correct and true to the best of my knowledge.

Place- Signature of Facilitation Partner with seal

Date- Designation