

Specimen copy of Application Form (for guidance)

**“Scheme for Enhancement of Technical Competence and Manpower”**

Government Resolution No. CED-112015-24553-I, Dated 1st April, 2015

**Gujarat Industrial Policy, 2015**

**Application Form for the Scheme 1/2/3/4/5/6 and 7**

Scheme-1: Financial Assistance for Setting up of Anchor Institute

Item No. 2, Page 2 in Govt. Resolution

Scheme-2: Short-term Bridge Courses by Industries/Institute

Item No. 3, Page 5 in Govt. Resolution

Scheme-3: Specialized Skill Development Centre

Item No. 4, Page 7 in Govt. Resolution

Scheme-4: Skill Up-gradation Centers (SUCs)

Item No. 5, Page 7 in Govt. Resolution

Scheme -5: Skill Development to MSME Sector

Item No. 6, Page 8 in Govt. Resolution

Scheme-6: Support for Setting up Gems & Jewellery Training Center/Institute

Item No. 7, Page 9 in Govt. Resolution

Scheme-7: Assistance for Tuition fees for Enhancement of Skill

Item No. 8, Page 9 in Govt. Resolution

**Application Submitted to the below Address:**

Director,  
The Center for Entrepreneurship Development,  
Block No.1, 9th Floor, Udyog Bhavan,  
Sector 11, Gandhinagar - 382 017

**For Further information/queries:**

Phone: 079-23247366, 23243847, 23240253

Fax : 079-23256679

E-mail: dir-ced@gujarat.gov.in

Web site: www.ced.gujarat.gov.in

*(Application form updated on 15/10/2016)*

### CHECK LIST BEFORE SUBMISSION OF APPLICATION

Sr. No.	Particular	Submitted	Page No.
1	Application in the prescribed format	Yes/No	
2	Registration detail of the applicant Organization	Yes/No	
3	Audited financial report of last 3 years	Yes/No	
4	Proposed courses details (Annexure-A)	Yes/No	
5	Project Cost (Annexure-B)	Yes/No	
6	Proposed training center infrastructure photos/lay out/map	Yes/No	
7	Self-declaration on available machinery & infrastructure	Yes/No	
8	Consent/Interest letter	Yes/No	
9	Linkages with Industries	Yes/No	
10	Industries recommendation/demand/support letters	Yes/No	
11	Land: Sale deed/ lease deed for ownership/ long lease	Yes/No	
12	Rent agreement	Yes/No	
13	Pre-feasibility report	Yes/No	
14	Sign & Stamp at each page	Yes/No	
15	Soft copy of application in CD/DVD	Yes/No	
16	Others	Yes/No	

## I. ORGANIZATIONAL DETAILS

Name of Industry/Industries Association/Institute/ Any Other Legal Entity ( <i>Applicant</i> )	
Registered Office/Head Office Address	
Year of Establishment	(DD/MM/YYYY)
Promoters/Trustee Details	
Details of Organization Head	Name: Designation: Address: Contact No.: M _____ L.L _____ Email Id: Web site:
Details of Authorized Signatory	Name: Designation: Address: Contact No.: M _____ L.L _____ Email Id:
Details of Contact Person/ Coordinator for this Project	Name: Designation: Address: Contact No.: M _____ L.L _____ Email Id:
Details of Court Cases, if any	
Details of Govt. Dues and Outstanding, if any	
Applicant Organization De-registered/ Black listed by Government/Govt. Bodies, if any	
Other details like Achievement, Award, Certification	

## II. DETAILS OF LEGAL CONSTITUTION OF THE ORGANIZATION

Status or Constitution of the Industry/ Industries Association/Institute/ Any Other Legal Entity ( <i>Applicant</i> )	<i>Companies Act, Society Act, Trust Act etc.</i>
Registration Number	<i>, Attach the copies</i>
Registration Type	<i>Sole proprietor, Partnership Firm, LLP, Pvt. Ltd. etc.</i>
Date of Registration	<i>(DD/MM/YYYY)</i>
Place of Registration	
PAN	<i>, Attach the copies</i>
Certificate of Incorporation/Registration/ Memorandum of Association & Articles of Association/Trust Deed/Partnership Deed etc.	<i>Attach the copies</i>
Other details	

## III. BRIEF HISTORY OF THE ORGANIZATION AND CURRENT NATURE OF BUSINESS OR ACTIVITY

## IV. FINANCIAL INFORMATION OF LAST 3 YEARS (*Attach the copies of Audited Financial Report*)

Financial Year	Turnover (in lacs)	Profit (in lacs)

## V. MANPOWER DETAILS:

a. Total Manpower: \_\_\_\_\_

Permanent	
Contractual	

b. Manpower dedicated for Skill Development: \_\_\_\_\_(Total number)

Sr. No.	Name	Role	Education	Experience in year	Key achievement

**VI. PRIOR EXPERIENCE OF TRAINING AND PLACEMENT ACTIVITY OF THE ORGANIZATION.**

Total Experience in training: \_\_\_ Years

Experience in terms of Sector Knowledge/Core competence:

- a. Name of Sector:
- b. Name of Training Courses:
- c. Training Details:

Number of Training Centers	Place (City/ Village)	Total No. of Class Room	Total No. of Labs	Intake Capacity	Total No. of person Trained	Total No. of person certified	Total No. of person Placed

d. Placement (including Self employment and Existing Employee) details:

Provide details of trainees name, course name, employer name, salary, appointment letter, contract letter etc.

- e. Name of Major Employers:
- f. Briefly explain the tracking mechanism you have in place for already trained and placed candidates from the organization:
- g. Do you have an online monitoring mechanism for post placement follow up? If yes, provide details and web link:
- h. Industry/Association etc. linkages or recommendation letter:
- i. Any experience/association/tie-up with Government/ Govt. Bodies for training activities, If yes, provide details:
- j. Government/Govt. Bodies supported for the proposed Training center, If yes, provide details
- k. Other Information:

## VII. PROPOSED TRAINING INFORMATION

- a. Name of Proposed Sector:
- b. Proposed Courses Details: As per Annexure-A
- c. Training Methodology
- d. Training Center Location:  
Name:  
Address:  
Layout of proposed land/building:
- e. Photographs of proposed training center: Attach color copy
- f. Any other training center located near to proposed training center for the proposed courses:
- g. Land Information for Proposed Training Center:  
Sale deed: Attach the copies  
Or Lease deed: Attach the copies  
Or Rent Agreement: Attach the copies
- h. Training Center infrastructure: Ownership/Rent/Lease (Attach the copies)
- i. Yearly projection of number of trainees: \_\_\_\_\_ 5 years

	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	5 <sup>th</sup> Year	Total
All proposed courses						

J. Proposed plan for the 1<sup>st</sup> year trainees and total trainees placement:

## VIII. PROPOSED PROJECT COST

(Fill the details, only applicable as per Quantum of Assistance mentioned in respective scheme in G.R.)

As per Annexure-B

Project Cost Rs. in Lacs:

Capital Cost	
Recurring Cost	
Grant Total Cost	

Means of Finance Rs. in Lacs:

Applicant's Organization Contribution:	
Govt. Support:	

Others:	
<b>Total</b>	

Existing Purchase Policy of applicant:

**IX. NEED FOR CONDUCTING THE COURSE**

- a. Justification for running proposed courses:
- b. Demand-Supply Gap Analysis:
- c. Other Information:

**X. Recommendation and/or Support and/or Demand letters from Industries for the proposed courses:**

**XI. SELF-DECLARATION**

**Available Equipment & Machinery and Infrastructure details of Applicant:**

**Equipment & Machinery:**

Sr. No.	Name of Equipment & Machinery	Quantity

**Infrastructure:**

Land area	Sq. Ft.
Construction Area	Sq. Ft.

**Other:**

**XII. HOST INSTITUTE DETAILS: (APPLICABLE ONLY FOR SCHEME NO. 2)**

*(Brief details of Host Institute like Name of Organization Head, Self-declaration on available Machinery & Infrastructure, Courses offered, Training experience, Placement etc.)*

- a. How the Host Institute will benefit from your partnership
- b. Benefit that you foresee through the partnership with Host Institute
- c. Consent/interest letter from host institute : **Attach the copy**

**XIII. CONSENT/INTEREST LETTER FROM GIDC ESTATE/OTHER REGISTERED ESTATE/ INDUSTRIAL PARK/ SEZS/ INVESTMENT REGION (APPLICABLE ONLY FOR SCHEME NO. 4 )**

*Attach copy*

**XIV. PRE-FEASIBILITY REPORT (APPLICABLE ONLY FOR SCHEME NO. 6 )**

*Attach report*

**XV. ROAD MAP FOR IMPLEMENTATION**

I hereby declare that the information provided in this proposal is true to the best of my knowledge. If any information provided above is found to be false, Industries Commissionerate/The Centre for Entrepreneurship Development reserves the right to reject the proposal.

Signature of Authorized Signatory

Seal/Stamp

Date:

Place:



## Annexure-A

**Proposed Courses Details:** *(Submit in Hard Copy as well as Soft copy in Microsoft word format)*

Sr. No.	Name of Subject	Duration of Course in Hrs.	Batches per year	No. of Trainees per Batch	Fees per Trainee in Rs.	Certification (NSDC/ NCVT/ GCVT/SSC/ *Other)	Min. Qualification /Age
1							
2							

### 1. Break-up for proposed fees per trainees per course in Rupees:

	Course Name	Course Name
Tuition Fees		
Mobilization		
Placement		
Assessment & Certification		
Accommodation		
Food		
Total		

### 2. Course Curriculum: *Attach the copies*

### 3. In case of \*other in Certification who will provide certification/Skill Assessment.

*(Attach Copies)*

## Annexure-B

(Submit Project Cost in hard copy as well as soft copy in Microsoft Excel Worksheet format)

### Estimated Project Cost

#### Capital Expenditure:

##### Cost of New Building/Refurbishing of Existing Building

Sr. No.	Construction Break-up	Area Sq. Ft.	Price per Sq. Ft.	Total Cost in Rs.
1				
2				
Grand Total Cost				

Note: 1. Construction Break-up like Classroom, Lab etc.

2. Refurbishing Break-up like cost of building materials, hire of equipment, labour costs, electrification etc.

##### Cost of New Equipment & Machineries

Sr. No.	Name	Specification	Supplier / Brand	Quantity	Cost per item	Total Cost in Rs.
1						
2						
Grand Total Cost						

##### Cost of Tools

Sr. No.	Name	Specification	Supplier / Brand	Quantity	Cost per item	Total Cost in Rs.
1						
2						
Grand Total Cost						

##### Cost of Furniture & Fixture

Sr. No.	Name	Description	Supplier / Brand	Quantity	Cost per item	Total Cost in Rs.
1						
2						
Grand Total Cost						

##### Cost of Electrification

Sr. No.	Description	Quantity	Cost per item	Total Cost in Rs.
1				
2				
Grand Total Cost				

**Other Related Investment**

Sr. No.	Name	Description	Supplier / Brand	Quantity	Cost per item	Total Cost in Rs.
1						
2						
Grand Total Cost						

**Pre-operating Cost:**

Sr. No.	Description	Total Cost in Rs.
1		
2		
Grand Total Cost		

**Contingency:**

Sr. No.	Description	Total Cost in Rs.
1		
2		
Grand Total Cost		

**Operating/Recurring Expenditure:**

Sr. No.	Description	Total Cost in Rs.
1		
2		
Grand Total Cost		

(Below table is only applicable for Scheme no. 1 in addition to the above)

	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		4 <sup>th</sup> Year		5 <sup>th</sup> Year	
	Anchor	Nodal	Anchor	Nodal	Anchor	Nodal	Anchor	Nodal	Anchor	Nodal
<b>Expenditure</b>										
<b>Capital</b>										
<b>Recurring</b>										
<b>Total</b>										

**Note: Submit supporting documents i.e. comparison statement, quotations etc. for the above estimated project cost.**

# Process Flow of Application Received under the Scheme for Enhancement of Technical Competence and Manpower

