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**Form for Pre-Qualification**

**Formal Training Institutes Round 8**

|  |  |
| --- | --- |
| **Name of Training Provider** |  |
| **Address** |  |

It is mandatory for Training Providers:

* Read the Instructions & Data Sheet carefully before completing the form.
* Use formats provided by PSDF for preparation of the Pre-qualification Document.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* Form must be signed by Head of Organisation or authorized person otherwise it will be rejected.
* Non-compliance with PSDF’s instructions will result in rejection of the Pre-qualification Document.
* Prequalification form along with supporting document must be submitted inBinding form (ring / tape binding or simple staple)

PART A: INFORMATION ABOUT THE VOCATIONAL TRAINING PROVIDER

| **Code** | **Required Information** | **Response** |
| --- | --- | --- |
| A.1 | Legal Name of Organisation |  |
| A.2 | Year of Registration / Establishment of the Organisation  |  |
| A. 3 | What is the legal status of your Organisation? Tick the relevant box (one box only). (Attach Copy/Copies of Registration Certificate/s) | [ ]  | Public Sector Technical / Vocational Training Institute |
| Controlling Authority |  |
| [ ]  | HEC recognized University |
| [ ]  | Section 42 Company |
| [ ]  | Public Ltd. Company  |
| [ ]  | Private Ltd. Company |
| [ ]  | Sole Proprietor |
| [ ]  | Partnership Firm  |
| [ ]  | NGO registered under Societies Registration Act |
| [ ]  | NGO registered with Social Welfare Department |
| [ ]  | NGO registered under The Trusts Act |
| [ ]  | Others (Please Specify) |
| A.4 | Name of Head of Organisation |  |
| Designation |  |
| Email |  |
| Mobile numbers |  |
| Postal address of Organisation  |  |
| Phone (Landline No) |  |
| Email |  |
| Website |  |
| A.5 | Name of contact person\* |  |
| Designation |  |
| Phone & mobile numbers |  |
| Email |  |

*\* Only Head of Organisation or nominated contact person will be authorized to communicate with PSDF.*

**PART B: ELIGIBILITY REQUIREMENTS**

Please provide information about the eligibility of your Organisation, as per criteria defined by PSDF, using the following format. **Attach relevant documents where required**. Tick the relevant box

|  |  |  |
| --- | --- | --- |
| **Code** | **Requirements** | **Response** |
| B.1 | Valid NTN/FTN Certificate in the name of the organisation | NTN/FTN Number\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ | Copy Attached  |
| ☐ | Not Attached |
| **Vocational Training providers must provide valid NTN / FTN number and attach a copy of the certificate in the name of the Organisation.** |
| B.2 | Documentary evidence verifying the legal status of organization issued by Government authority.  | ☐ | Not Applicable (only in case of Sole Proprietor) |
| ☐ | Copy attached  |
| ☐ | Copy Not attached |
| **Vocational Training Provider must be registered with any Government authority or regulatory body except in case of sole proprietor.** |
| B.3 | **In case of Local Certification,** Attach a copy of registration / affiliation of Organisation / institute with relevant Government authority or regulatory body / international testing & certification authority. |  | Not Applicable (Only for HEC Recognized Universities) |
|  | Copy attached |
|  | Copy Not Attached |
| **Organization must be registered/ affiliated / accredited with any TVET body or regulatory authority. Organization whose application is under process can attach copy of Slips and Copy of application Submitted / Response Letter from TVET Body. HEC Recognized University are not required to fill this.**  |
| **In case of international certification**, is the training premises registered / affiliated with the relevant international testing & certification authority for the proposed course(s)? If yes, provide documentary evidence. | ☐ | Not Applicable |
| ☐ | Yes |
| Testing Body |  |
| Affiliated Since |  |
| ☐ | No |
| **The training premises must be registered / affiliated with relevant international testing & certification authority for the proposed course(s) and provides the copy of registration certificate. If the application is under Process, attach the copy of Application Slip along with Copy of Application / Response letter from International Certification Body.**  |
| B.4 | Has your organization never been Blacklisted by Government Authority or TVET Body? | [ ]  | No |
| [ ]  | Yes |

PART C: Responsiveness: Financial and Human Resource Capacity of the Organisation

C.1 Financial Health

Financial Health of your Organisation will be evaluated based on the documents provided below:

|  |  |  |  |
| --- | --- | --- | --- |
| C.1 | **Option 1:** Provide Signed and Stamp Bank Statement of last one year. (1st April 2018 to 31st March 2019)In case of new institutes, bank statement will be provided from date of incorporation.  **OR****Option 2:** Provide financial statements pf last one year issued by an ICAP/ICMA licensed Chartered Accountant.  | [ ]  | Audited Financial Statements attached  |
| [ ]  | Bank Statements attached  |
| [ ]  | Not applicable (Public listed / State owned Organisation) |

C.2 MANAGEMENT TEAM PROFILE

Please provide CVs of presently available members of Management Team who will be responsible for the matters related to the PSDF project.

Various **functions** of PSDF training related project can be as follow:

* **Project Management**: The designate person(s) will be responsible for the overall implementation of the project as the focal and contact person for PSDF along with the maintenance of training-related records and reporting to PSDF monitoring guidelines. He/she will also be responsible for ensuring timely and effective implementation of training curricula.
* **Marketing/Mobilization:** The designate person will be responsible for publicity of training program for admission and selection of trainees.
* **Placement:** The designate person will be responsible for placement of trainees after training completion, preparation of trainee data base to be shared with employers and resumes of Trainees.

**Note:**

1. *One person can be assigned for only one function. It is expected that all functions must be covered.*
2. ***Minimum of 3 CVs must be attached.*** *However, it is encouraged to provide full details of all available management team.*

***Note: Copy of highest degree / certificates must be attached. Fake degrees / certificates will lead to dis-qualification and/or Blacklisting of Organisation.***

**PART D: COURSES PROPOSED AND PAST EXPERIENCE FOR PRE-QUALIFICATION**

Using the formats given below, please provide information about the courses to be pre-qualified along with the experience of the training firm. You are requested to ensure that the suggested courses are as per the registration/affiliation, availability of Tools & Equipment and infrastructure of training premises.

**D.1 Courses for National Certification and Past Experience**

|  |  |  |
| --- | --- | --- |
|  | **Proposed Course** | **Claimed Past Experience of the Proposed Course** |
| **Sr. No.** | **Course Name** | **Address of Training Location**  | **District**  | **Experience Claimed (Mentioned name of Same / Similar Course)** | **No of Trainees trained** | **Certification Authority (PBTE/Self/Other)** |
| **Male** | **Female** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |

*Add more rows, if required.*

D.2 Courses for International Certification i.e. City & Guilds / Other

You are requested to ensure that the suggested international courses are as per the instructions in the Data Sheet. Organisation must have affiliation of proposed courses and course level should be 2 or above.

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Proposed Course** | **Claimed Past-Experience of the Proposed Course** |
| **Name of Course** | **Level** | **Course Name & Code as appear on Certificate** | **Address of Training Location** | **District**  | **Experience Claimed (Mentioned name of Same / Similar Course )** | **No of Trainees trained** | **Certification Body** |
| **Male** | **Female** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*Add more rows, if required.*

Note:

* Course(s) will not be prequalified if proof of affiliation / registration certificate(s) / Slip of Application in relevant registration body is / are not attached.
* Past experience of PSDF funded course will be evaluated based upon the previous performance as reported by Third Party Monitoring Firm.
* Past experience for newly established institutes will be evaluated based on the management team profile shared.

**PART E:** **APPLICANT DECLARATION**

I **(click here and type Name)**, hereby certify that:

* The information provided in this document is factually correct in all material respects.
* I understand that provision of any false or misleading information will lead to disqualification and blacklisting of Organisation.
* I am duly authorized to submit this application on behalf of

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Designation: |  |
| Date and Place: |  |
| Phone: |  |
| Mobile: |  |
| E-Mail: |  |

**PART F: Check List**

**Please provide the details of the documents that are attached with the Pre-qualification document.**

|  |  |
| --- | --- |
| **Sr. No.** | **Documents Attached** |
|  |  |
|  |  |
|  |  |

 **Annexure A: Management Team** CV **Format**

|  |  |  |
| --- | --- | --- |
| Name of Training provider |  | PASTE LATEST PICTURE |
| Designation in the Organisation |  |
| Task(s) Assigned for PSDF’s Project *(from the list of tasks mentioned under PART C.2)* |  |
| **Personal Data** |
| Name  |  |  |  |
| Contact Number |  |
| CNIC No. (attach copy of CNIC) |  |  |  |  |  | **-** |  |  |  |  |  |  |  | **-** |  |
| **Academic Qualifications** |
| **Qualification** | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree Attached (Yes/No)** |
|  |  |  |  |
|  |  |  |
| **Relevant Work Experience for PSDF’s Assigned Tasks** |
| **Name of Organisation**  | **Designation** | **Responsibilities Assigned** | **Duration (Years)** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note:** Information provided above is correct and I am willing to offer my services for the assignment mentioned above.

**Signature**