**Retail Sales Associate Training Programme 2019**

**SECTION 3 ORGANIZATION’S PROFILE FORM**

|  |  |
| --- | --- |
| **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 Bidding 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 | What is the legal status of your Organisation? Tick the relevant box (one box only). |  | HEC recognized University |
|  | Section 42 Company |
|  | Public Ltd. Company |
|  | Private Ltd. Company |
|  | Sole Proprietor |
|  | Partnership Firm |
|  | Others (Please Specify) |
| A.3 | Name of Head of Organisation |  | |
| Designation |  | |
| Email |  | |
| Mobile numbers |  | |
| Postal address of Organisation |  | |
| Phone (Landline No) |  | |
| Email |  | |
| Website |  | |
| A.4 | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
| **Training Provider must be registered with any Government authority or regulatory body except in case of sole proprietor.** | | |

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 | NTN/FTN Certificate in the name of the organisation | NTN/FTN Number\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ☐ | Copy Attached |
| ☐ | Not Attached |
| **Training providers must provide valid NTN / FTN number and attach a copy of the certificate in the name of the Organisation.** | | |
| B.2 | Organisation must provide the evidence of legal status. Attach copy / copies of Certificate(s) of incorporation.  Note: In case of university / college / training institute, they must be registered / affiliated with any authorized national or international body | ☐ | Not Applicable (only in case of Sole Proprietor) |
| ☐ | Copy attached |
| ☐ | Copy Not attached |
| **Training Provider must be registered with any Government authority or regulatory body except in case of sole proprietor.** | | |

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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Requirements** | **Response** | |
| C.1 | **Option 1:** Provide Signed and Stamp Bank Statement of last one year. (1st Jan 2018 to 31st December 2018)  In case of new institutes, bank statement will be provided from date of incorporation.  **OR**  **Option 2:** Provide financial statements issued by an ICAP 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:

* **Chief Executive Officer**
* **Project Lead:** The designate person will represent senior management of the organization and be responsible for the overall implementation of the project. He/she will be the focal and contact person for PSDF.
* **Project Manager**: A designated person who will be responsible for delivering:
  + **Marketing/Mobilization:** Publicity of training program for admission and selection of trainees.
  + **Instructor Management:** Hiring, selection, and management of two trainers according to required program criteria. It is mandatory for instructors to have two to three years relevant work experience in the job role being training for, and the ability to deliver lesson plans in an interactive and engaging manner.
  + **Mentor Management:** Hiring, selection, and management of mentor according to required program criteria. It is mandatory for the mentor to have relevant work experience in the job role being training for and have the ability to coach and mentor young people.

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

**PART D:** **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 E: 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**

**Retail Sales Associate Training Programme 2019**

**SECTION 3 TECHNICAL PROPOSAL FORM**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address of Organization** |  |
| **Name of Course** | Retail Sales Associate Training |

It is mandatory for Training Providers:

* To read the Instructions & Data Sheet carefully before completing the form.
* To use format provided by PSDF for preparation of the Technical Proposal.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* Proposals not page numbered and signed by Head of Organisation or authorized person will be rejected.
* Submission of missing documents after closing date is not allowed.
* Proposals that do not comply with PSDF’s instructions will stand rejected.

***Note:***

*To be completed and submitted to PSDF, along with required documents in a separate envelope****.*** *Technical Proposal must be submitted in a separate book binding form.*

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Convener Training Service Selection Committee

Retail Sales Associate Training Programme 2019

Punjab Skills Development Fund,

21/A, H-Block, Dr Mateen Fatima Road,

Lahore, Pakistan

**Subject:** Technical Proposal - Retail Sales Associate Training

Dear Sir,

We offer to provide the Services for ***Retail Sales Associate Training Programme 2019****: for the trade of* ***[Retail Sales Associate Training]”*** in accordance with your Request for Proposal and Terms of Reference. We hereby submit our Technical Proposal including the required documents in a sealed envelope*.*

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained therein may lead to our disqualification. If negotiations are held during the period of validity of the Proposal, indicated in the Data Sheet, we undertake to negotiate on technical and financial aspects of our proposal. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We undertake that we will initiate the services as per the date mentioned in the Data Sheet if our proposal is accepted. We understand you are not bound to accept any or all Proposals you receive.

Thank you.

Yours sincerely,

Signature

Name and Title of Signatory:

**Enclosures:** Parts A-G & Annexures as prescribed by PSDF.

**ENCLOSED FORMS**

|  |  |
| --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | |
| PART A: | Training Infrastructure |
| PART B: | Past Experience |
| PART C: | Capacity of the Organization to Deliver |
| PART D: | Student Mobilization |
| PART E: | Placement |
| PART F: | Declaration |
| PART G: | Checklist |
| **Annexure A:** | Trainer CV Format |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand written Bidding Document will not be accepted & evaluated.* | |

**PART A: TRAINING INFRASTRUCTURE**

Please provide all details about training locations (separate table for each location) where course will be implemented. Third party appointed by PSDF will visit the mentioned training locations to assess the infrastructure of training premises and Practical area facility and will award scores accordingly at the time of evaluating the technical proposal. You are requested to provide complete and updated information about the training location addresses and contact numbers in detail so that site visit may be conveniently conducted. Please use a separate table for each training location.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Location (1) Details** | | | |
| A 1 | Complete Address of Training Location |  | |
| A 2 | Is the training Location Owned by the Organization *(Yes / No)* |  | |
| A 3 | Do you confirm availability of dedicated training rooms for training? | Yes  No  No. of Dedicated Rooms: \_\_\_\_\_\_\_\_\_ | |
| A 4 | Is the training location easily accessible by public transport? | Yes  No | |
| A 5 | Details of Coordinator at the training location. | Name: | |
| Mobile No: | |
| A 6 | Number of Managerial Staff Available at the Training Location. |  | |
| A 7 | Details of Managerial Staff Available at the Training Location. | |  |  |  | | --- | --- | --- | | Name | Designation | Working Since (Mention Year & Month) | |  |  |  | |  |  |  | | |
| A 8 | Area of the Training Location | 1.     Total Area **\_\_\_\_\_\_ (**Square Feet) | |
| 2. Covered Area **\_\_\_\_\_\_** (Square Feet) | |
| A 9 | Facilities Available in the training location | Classroom |  |
| Staff Room |  |
| Interviewing room |  |
| Student Seating |  |
| Faculty Seating |  |
| Separate Male and Female washroom |  |
| Adequate light/ventilation |  |
| Access to public transport – max 40 minutes distance |  |
| A 10 | **Name of item as per curriculum of the proposed trade** | **Quantity required by the curriculum** | **Quantity available at the training location** |
|  | Laptops / Desktop Computers | 10 |  |
|  | Student & Faculty Seating | 35 |  |
|  | Generator/UPS | 1 |  |
|  | Drinking water | 1 |  |
|  | internet facility | 1 |  |
|  | Printer | 1 |  |
|  | Projector/TV screen | 1 |  |
|  | Mirror – full size | 1 |  |
|  | Eastern pair of clothing for women, men and children (Kurta, Kameez, Shalwar, Trouser) | 2 pair each |  |
|  | Western pair of clothing for women, men and children (pant, shirt) | 2 pair each |  |
|  | Clothing racks | 2 |  |
|  | Shoes for men, women and children | 2 pair each |  |

**Notes:**

1. Add more rows as per requirement.
2. Separate list is required for training location of Lahore.
3. All training facilities will be inspected on the basis of the information providedin the table above. **False or misleading information may lead to disqualification of the Training Provider.**

PART B: PAST EXPERIENCE OF TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Indicator** | **Project 1** | **Project 2** |
| **B 1** | Name of Course of which past experience is Claimed  *(Mention Course Name)* |  |  |
|
| **B 2** | Is the Proposed Course *(Write Either)*   * Same * Similar * Not Relevant |  |  |
| **B 3** | Total Number of Trainees Trained | Male \_\_\_\_\_\_\_\_  Female \_\_\_\_\_\_\_\_ | Male \_\_\_\_\_\_\_\_  Female \_\_\_\_\_\_\_\_ |
|
| **B 4** | Documentary Evidence of Claimed Experience Attached (Yes / No / Not Applicable) |  |  |

* Mention Maximum of two similar or same trade past experience
* Recent Past Experience must be mentioned.
* In case of Non-PSDF funded training experience, documentary evidence of claimed experience must be attached.

**PART C: CAPACITY OF THE ORGANIZATION TO DELIVER**

Provide the following CVs on the provided format (**Annexure A**):

* **Instructor(s)** for each training location
  + Retail Sales Instructor \*1 – In each classroom there will be 2 trainers for each trade who have previous experience with training, relevant job role, and preferably experience with delivering lesson plans (have to be dedicated to the project for the training duration)

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct Project Personnel** | **Financial Sales Instructors** | **Mentor** | **Student Mobilization / Recruiting** |
| Lahore | 4 (2 classroom) | 1 | on need basis |

* **Mentor** (may be allocated part time to the session) – one mentor who can provide social support to participants in the form of coaching and mentoring sessions. Experience in sales job role is preferred. The mentor will also be responsible for post placement follow ups

### **Part D: Student mobilization**

|  |  |  |
| --- | --- | --- |
| D 1 | Does your organization have experience in trainee mobilization from poor and vulnerable communities? | Yes  No |
| D 2 | If you selected Yes to above mentioned question, please choose all the ways you have used in the past for mobilization. | a. Has your organization ever conducted door to door social mobilization to raise awareness for a training program?  Yes  No  b. Does your organization has social mobilizers to outreach potential applicants?  Yes  No  c. Has your organization ever placed an advertisement on social media (LinkedIn / Facebook etc)/flyers/banners to raise awareness about a training program?  Yes  No  d. Has your organization ever placed a newspaper, radio, or TV advertisement to raise awareness about a training program?  Yes  No  e. Has your organization conducted any special mobilization campaigns to get students from marginalized populations (transgender, rural women, deaf / mute, disabled, blind other etc, never done special campaign for these groups)  Yes  No  f. Years of youth mobilization experience: \_\_\_\_ years  g. Cumulative number of training candidates mobilized in last five years: \_\_\_\_\_\_ candidates  h. Does your organization has outreach to mobilize in Lahore and other divisions of Punjab? Please check all that apply:  Please note that the students will be mobilized as per vacancy requirements of employers  Please note that the students will be mobilized as per vacancy requirements of employers  Lahore  Rawalpindi  Sargodha  Faisalabad  Bahawalpur  Gujranwala  Sahiwal  Multan  Dera Ghazi Khan |
| D 3 | What kind of systems are in place for the process? Please also share further details based on response. | ☐ Trainee recruitment is manually done  ☐ Done using Management Information System  ☐ Use other digital tools for student recruitment |
| D 4 | Does your organization have experience of working with young people or organizations who have access to young people? | Yes  No |
| D 5 | Please share your approach to student mobilization for the training program and to maintain a healthy funnel to select trainees.  Please mention channels you would use i) social mobilization ii) social media iii) flyer/brochures and |  |

**Note: Provide documentary evidence against each section from D 1 to D 4 against the given response.**

**PART E: PLACEMENT COMMITMENTS**

|  |  |  |
| --- | --- | --- |
| E 1 | Will your organization mobilize students as per vacancy requirements? | ☐ Yes ☐ No |
| E 2 | Will your organisation assure follow-up of placements of trained persons? | ☐ Yes ☐ No |

* **The Training Providers have to assure follow-up of placements of the trained persons.**
* Please note that PSDF will be leading the relationship with employers and providing the vacancy confirmations, however the delivery partner would be required to ensure that the placement process is managed after the training has taken place and ensure placements

**PART F: APPLICANT DECLARATION**

I, **(Click here and type name),** hereby certify that:

* The information provided in this proposal is factually correct in all material respects
* I am duly authorised by the Competent Authority of the organisation to submit this proposal on behalf of

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Designation |  |
| Address |  |
| Date |  |

**PART G: CHECK LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Required Documents** | **Reference** | **Mark ‘X’** |
|  | CVs   * Trainer(s), * Mentor (s) | Annexure A |  |
|  | Copy of Highest Degree, Current Employment Letter and Salary Slip of Trainer(s), Principal and Placement Staff Officer | Annexure A |  |
|  | List of available Tools & Equipment at each training institute | B 4.11 |  |
|  | Documentary Evidence of Claimed Past Experience (for non PSDF funded courses) | B 5.10 |  |
|  | Declaration signed by Head of Organisation / Authorised Person | Part D |  |

**Please check that you have enclosed the following;**

**ANNEXURE A**  (**CV FORMAT)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CV of** | | ☐ Trainer ☐ Mentor | | | | | | |
| **Name of Training provider** | |  | | | | | | |
| **Designation in the Organization** | |  | | | | | | |
| **Training Location ( Lahore)** | |  | | | | | | |
| **Personal Data** | | | | | | | | |
| **Name of Person** | |  | | | | | | |
| **Contact Number** | |  | | | | | | |
| **CNIC Number** | |  | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | | |
| **Degree Title** | | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree / Certificate/ Diploma Attached (Yes/No)\*** | | | | |
|  | |  |  |  | | | | |
|  | |  |  |  | | | | |
| **Working Experience in Current Job (As Employee of Training Provider)** | | | | | | | | |
| **Associated with institute (for how many years /Months)** | |  | **Proof of Employment Attached (Yes/No)**  **(Employment Letter / Offer Letter)** | |  | | | |
| **Monthly Salary withdrawn** | |  | **Salary Slip/Evidence of Salary Attached (Yes/No)** | |  | | | |
| **Previous Work Experience** | | | | | | | | |
| **Name of Organization** | **Is the Experience of (Professional Industry / Teaching)** | **Designation** | **Responsibility Assigned** | | **Duration of Service** | | | |
| **Start Date** | **End Date** | **Duration** | |
|  |  |  |  | |  |  |  | |
|  |  |  |  | |  |  |  | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Note: Professional Work Experience in the relevant Industry will be encouraged.

**Retail Sales Associate Training Programme 2019**

**SECTION 4 FINANCIAL PROPOSAL FORM**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address of Organization** |  |
| **Name of Course** | Retail Sales Associate Training |

• Read the Instructions & Data Sheet carefully before completing the form.

• It is mandatory to use format provided by PSDF for preparation of Financial Proposal.

• If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.

• Proposal must be signed by Head of Organization or authorized person.

• Submission of missing documents after closing date is not allowed.

• Financial proposal form along with supporting document must be submitted in separate Book Binding form. Book binding refers to ring/tape binding or simple staple.

• Financial Proposal that do not comply with PSDF instructions will stand rejected.

COVER LETTER FOR THE SUBMISSION OF FINANCIAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Convener Training Service Selection Committee

Retail Sales Associate Training Programme 2019Punjab Skills Development Fund,

21/A, H-Block, Dr Mateen Fatima Road,

Lahore, Pakistan

**Subject:** Financial Proposal in respect of **Retail Sales Associate Training Programme 2019**: [**Retail Sales Associate Training**]

Dear Sir,

We offer to provide the services under **Retail Sales Associate Training Programme 2019**for the trade of **Retail Sales Associate Training Programme 2019** in accordance with your Request for Proposal and our Technical Proposal;

|  |  |
| --- | --- |
| **Description:** | **Amount in PKR** |
| Per trainee per month training cost in figures (*inclusive of all applicable Direct and Indirect Taxes)* |  |
| Per trainee per month training cost in words (*inclusive of all direct and Indirect Taxes)* |  |

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to the expiration of the validity period of the Proposal, i.e. before the date indicated in the Data Sheet. No commissions or gratuities have been or are to be paid by us to any agent relating to this Proposal and Contract execution. We understand that you are not bound to accept any or all Proposals you receive.

Thank you.

Yours sincerely,

Signature

Name and Title of Signatory:

**FINANCIAL PROPOSAL**

Kindly provide the **break-up of training costs** for the following heads, inclusive of all applicable taxes.

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Cost per trainee per month (PKR)** |
| FA 1 | Project Management team Cost per trainee per month (including Remuneration, traveling, and other costs) *(per trainee per month)* |  |
| FA 2 | Direct Project Personnel Cost *(per trainee per month)*  Include costs of instructor, mentor, social mobilizers |  |
| FA 3 | Training venue facilities cost (per trainee per month) |  |
| FA 4 | Books/Manuals and Stationery *(per trainee per month)* |  |
| FA 5 | Training venue rent, utilities, running costs *(per trainee per month)* |  |
| FA 6 | Student Mobilization and Placement *(per trainee per month)* |  |
| FA 7 | Any Other Costs *(Please specify) (per trainee per month)* |  |
| FA 8 *(Sum of FA 1 to FA 7)* | Total Cost *(per trainee per month)* |  |
| Total cost per trainee per month (FA 8) should be equal to per trainee per month cost quoted in FB 2 and FB 3. | | |

|  |  |  |
| --- | --- | --- |
| **Code** | **Accommodation Cost** | **Cost per trainee per month (PKR)** |
| FA 9 | Accommodation cost for Multan *(per trainee per month)* |  |
| FA 10 | Accommodation cost for Lahore *(per trainee per month)* |  |

**Important:** *Accommodation for up to 20 candidates should be either provided on site, or arrangements with an accommodation partner(s) both in Lahore & Multan. FA 9 & FA 10 will not be the basis of financial evaluation, this cost will be used while rationalizing the cost of accommodation offered by PSDF.*

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| FB 1 | Name of Trade | Retail Sales Associate Training |
| FB 2 | Bidding Cost (per trainee per month) *(in Figures)*  *Inclusive of all Taxes* |  |
| FB 3 | Bidding Cost (per trainee per month) *(in Words)*  *Inclusive of all Taxes* |  |

**Important:** *The Financial Bids should cover all costs expected to be incurred for PSDF's project, other than the costs of Stipend, Uniform & Bags, and Testing Fee (to be paid separately to the Training Provider). Training Provider should quote the cost while keeping in consideration the Terms of Reference for this project provided in the Bidding document. PSDF assumes that the Training Provider has performed all the necessary working while calculating the costs, and the figures quoted herein are the outcome of intensive internal working keeping in view all aspects of this project. PSDF would consider the figures quoted in this proposal by the Training Provider as final and no revision will be allowed except at the discretion of PSDF.*

|  |  |
| --- | --- |
| **Declaration** | |
| Signature |  |
| Name |  |
| Designation |  |
| Date |  |