**PUNJAB SKILLS DEVELOPMENT FUND**



**Entrepreneurship on Wheels**

**BIDDING FORMS**

**October 2019**

|  |  |
| --- | --- |
| **SECTIONS** | **CONTENTS** |
| **SECTION 1** | ORGANIZATION’S PROFILE, ELIGIBILITY and CAPACITY (**PART A to F**) |
| **SECTION 2** | TECHNICAL PROPOSAL (PART G to K) |
| ***Note: Section 1 & 2 to be filled and placed in an envelope (1) and sealed*** | |
| **SECTION 3** | FINANCIAL PROPOSAL (PART L) |
| *Note: Section 3 to be filled and placed in a separate envelope (2) and sealed* | |
| *Envelopes 1 and 2 to be placed in an outer envelope for submission to PSDF* | |

**CONTENTS OF BIDDING DOCUMENT**

It is mandatory for Organizations:

* To read the Instructions & Data Sheet carefully before completing the form.
* To 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.
* Non-compliance with PSDF’s instructions will result in rejection of the Bidding Document.
* Book binding form refer to ring, tape binding or simple staple.

**SECTION 1**

**ORGANIZATION’S PROFILE, ELIGIBILITY, CAPACITY & APPROACH & METHODOLOGY**

|  |  |
| --- | --- |
| **Name of Assignment** | **Entrepreneurship on Wheels** |
| **Name of Organisation** |  |
| **Address of Training Location** |  |

**Note:**

**‘Section 1’ to be completed and submitted in a separate book binding form. It should be placed in an envelope along with Technical Proposal(s) i.e. “Section 2”.**

**ENCLOSED FORMS & SCORING CRITERIA OF ORGANIZATION’S PROFILE &**

**ELIGIBILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART** | **Description** | | **Maximum Marks** |
| **PART A** | Information about Organization | | |
| **PART B** | Eligibility Requirements | | |
| **PART C** | Capacity of Organization | **Financial Capacity** | **40** |
| **Human Resource Capacity** | **40** |
| **PART D** | Approach & Methodology | **Self-Employment Strategy** | **20** |
| **PART E** | Applicant Declaration | | |
| **PART F** | List of Attached Documents | | |
| **Annexure A** | Management Team CV Format | | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand-written Bidding Document will not be accepted & evaluated.* * *Detail Evaluation Criteria is listed in Instruction & Data Sheet.* | | | |

PART A: INFORMATION ABOUT THE BIDDING ORGANIZATION

Please provide required information using the following formats.

| **Code** | **Required Information** | **Response** | |
| --- | --- | --- | --- |
| A.1 | Legal Name of the Organisation |  | |
| A.2 | Year of Registration / Establishment of the Organisation |  | |
| A.3 | What is the core business of the organisation? |  | |
| A.4 | What is the legal status of organisation? Tick the relevant box (one box only). (Attach copy / copies of Registration Certificate/s) |  | Public Sector Organisation |
|  | Section 42 Company |
|  | Public Ltd. Company |
|  | Private Ltd. Company |
|  | Sole Proprietor |
|  | Partnership |
|  | Others (please specify) |
| A.5 | Name of Head of Organisation |  | |
| Designation |  | |
| Email |  | |
| Phone & mobile numbers |  | |
| A.6 | Address of Organisation |  | |
| Phone |  | |
| Website (If Any) |  | |
| A.7 | Name of contact person\* |  | |
| Designation |  | |
| Phone & mobile numbers |  | |
| Email |  | |

\* Only Head of organisation or nominated contact person will be authorized to communicate with PSDF. Contact person must be an office bearer or employee of the organisation.

**PART B: ELIGIBILITY REQUIREMENTS FOR ORGANISATION**

#### Please provide information about the eligibility of your organization, as per criteria defined by PSDF, using the following format. Attach relevant documents where required. Non-compliance with one or more conditions will lead to ineligibility.

**Part B : Please provide the following information:**

| **Code** | **Requirements** | **Response** | |
| --- | --- | --- | --- |
| B.1 | Mention National Tax Number (NTN) or Free Tax Number (FTN) in the name of the organisation and attach of copy of NTN/FTN certificate | NTN |  |
| FTN |  |
|  | Copy Attached |
|  | Not Attached |
| **Organisation must have valid NTN / FTN in the name of the Organization**. | | |
| B.2 | Do you have Driving track within premises of training location(s). |  | Yes |
|  | No |
| **Organization must have driving track within premises of training Location(s). Must attached the pictures of driving track.** | | |
| B.3 | Has your organisation ever been blacklisted by any other organization? |  | No |
|  | Yes |
| **Organization must not be blacklisted by any other organization.** | | |

PART C: CAPACITY OF THE ORGANISATION

C.1: FINANCIAL CAPACITY OF THE ORGANISATION

Financial capacity of your organization will be evaluated based on the attached. Financial Statement OR Bank Statement. Full marks will be provided in case of Public sector organizations (Organizations which receive yearly budget from Govt is defined as public sector).

C.2: HUMAN RESOURCE CAPACITY OF THE ORGANISATION

Please provide CVs of **presently available** Project Management Team members (Annexure A) who will be responsible for the execution of PSDF project in Target District.

Various functions of PSDF related to this project can be as follow:

* **Project Manager**: The designated person will be responsible for the overall implementation of the project. He/she will be the focal and contact person for PSDF and responsible for project execution and especially establishing the Market Linkage.
* **Mobilization Officer:** The designated person will be responsible for conducting / supervising the mobilization of trainees for the Project.
* **External Linkages Officer:**  The designated person will be responsible for the coordination with Banks. Institutions and ride hailing company to ensure the trainees will become asset owner and get on board with ride – hailing services.
* **Reporting Officer:** The designated person will be responsible for maintenance of training-related records and reporting to PSDF as per requirements of PSDF monitoring guidelines on prescribed formats.

**Note**: OnlyOne person per function can be assigned for above-mentioned tasks as deemed effective. It is expected that all functions must be covered. Minimum of **Four CVs** must be submitted

PART D: Approach & Methodology

* Organization is required to provide strategy on Self Employment of trainees (maximum 300 words)

**PART E: LIST OF DOCUMENTS TO BE ATTACHED:**

|  |  |
| --- | --- |
| **Sr. No** | **Required Documents** |
| 1 | National Tax Number / Free Tax Number Certificate in the name of Organization |
| 2 | Audited Financial Statements for the last financial year of the organization issued by an ICAP licensed Chartered Accountant. Which Includes:  **OR**  Signed and Stamped Bank Statement of Last one Year (1st July 2018 to 30th ending on 31st July 2018) |
| 3 | CVs of Management Team  **(Minimum of 4 CVs in PSDF Prescribed Format i.e. Annexure A)**. |
| 4 | Pictures showing the driving track within the premises of training location. |
| 5 | Self – Employment Strategy. |

**PART F:** **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 of the Bidding Document, contract cancellation as well as suspension of the organisation for one round of bidding.
* I am duly authorized to submit this application on behalf of

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Designation:** |  |
| **Date** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **E-Mail:** |  |

**Note:**

* **Declaration not signed by the authorized person will lead to rejection of the proposal.**

**Annexure A**

Management Team CV Format

**(*Use One Form for Each Member)***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CV of** | | ☐ Project Manager  ☐ Mobilization Officer  ☐ Reporting Officer  ☐ External Linkages Officer | | | Paste Latest Picture | | | | |
| **Name of Organization** | |  | | |
| **Designation Within Organization** | |  | | |
| **Name of Officer** | |  | | |
| **Contact Number** | |  | | |
| **CNIC Number**  **(xxxxx-xxxxxxx-x)** | |  | | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | | | |
| **Degree Title** | | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree / Certificate/ Diploma Attached (Yes/No)\*** | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
| **Work Experience** | | | | | | | | | |
| **Name of Organization** | **Designation** | **Responsibility Assigned** | | | | **Duration of Service** | | | |
| **Start Date** | **End Date** | **Duration** | |
|  |  |  | | | |  |  |  | |
|  |  |  | | | |  |  |  | |

\*Organization will not be allowed to change the proposed management staff; doing so will require prior approval from PSDF.

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

**Signature**

Note: Please attach copy of Latest Degree / Certificate as mentioned above in qualification section

|  |
| --- |
| SECTION 2  Technical Proposal Form |
| |  |  | | --- | --- | | **Name of Organization** |  | | **Address of Organization** |  | | **Name of Trade / Course** | Commercial Rickshaw Driving |   It is mandatory for Organizations:   * 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. * 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 and Section 1 in a separate envelope**.**

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee

Entrepreneurship on Wheels

Punjab Skills Development Fund,

21-A, H- Block, Dr Mateen Fatima Road, Gulberg II, Lahore

T: 042-5752408-10

**Subject:** Technical Proposal for Commercial Rickshaw Driving

Dear Sir,

We offer to provide the training for Commercial Rikshaw Driving under the Scheme “**Entrepreneurship on Wheels**” in accordance with your Terms of Reference. We hereby submit our Technical Proposal for Rickshaw Driving including the required documents*.*

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 and cancellation of the contract. If negotiations are held during the period of validity of the Proposal, indicated in the Data Sheet, we undertake to negotiate on the basis of the proposed staff, facilities and cost. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We undertake that we will initiate the training as per the date mentioned in the Data Sheet or as mentioned in the contract 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]

**BREAK UP OF TECHNICAL SCORE**

|  |  |  |
| --- | --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | | **Max Score (100)** |
| **PART G:** | Trade related Information | |
| **PART H:** | Quality of Training (Training facility, Availability of Equipment, Curriculum, Licensing & Past Experience) | **80** |
| **PART I:** | Capacity of the Organization to Deliver (Trainers Profile) | **20** |
| **PART J:** | Declaration | |
| **PART K:** | Checklist of Attached Documents | |
| **Annexure B:** | Trainer CV Format | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand written Bidding Document will not be accepted & evaluated.* * *Detail criteria is cited in the Instructions and data sheet.* | | |

SECTION 2

PART G: Trade Related Information

G.1 Course/Trade Offered

Please mention details of the trade in the table below:

|  |  |  |
| --- | --- | --- |
| G.1.1 | Name of Trade | Commercial Rikshaw Driving |
| **G.1.2** | **Duration** | 2 Months |
| G.1.3 | Specify Source of Curriculum  *(Must attach copy of curriculum)* | Self /Customized (Attach)  Any other (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Curriculum Attached  Yes  No |
| G.1.4 | Who will be responsible for issuance of Rikshaw Driving License? | (Please Specify) \_\_\_\_\_\_\_\_\_\_\_ |

G.2. Proposed Number of Trainees

Please tell us about the number of persons that are proposed to be trained at each location.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Serial No | Address of Training Location | **District of Training Location (Lahore / Faisalabad)** | Trainees per Class  (Up to 25) | Classes 1 Per  Batch | No. of Batches[[1]](#footnote-1) | Total Trainees |
| (A) | (B) | (C) | A X B X C |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| Grand Total | | | | | |  |

Note: Please use a separate row for each proposed training location. Insert more rows if required.

PART H: Quality of Training

Training Location Wise Details of facilities and past experience

Please provide information about all training locations where the training will be delivered. You are requested to provide complete and updated information about the training location addresses and contact numbers in detail so that PSDF team may reach the site conveniently and without any guidance. Please use a separate table for each training location. If training locations are more than one, add tables accordingly.

H.0 Driving Licence Mandate

|  |  |  |
| --- | --- | --- |
| Did your organisation have the mandate to issue License (Motorbike / Rikshaw / LTV / HTV) | Yes | No |

Kindly provide the documentary evidence of having the mandate of issuance of driving licence.

H.1 Training Location

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Description** | **Response** | |
| H.1.1 | Name of Training Location |  | |
| H.1.2 | Complete Address of training location |  | |
| H.1.3 | District of Training Location |  | |
| H.1.4 | Detail of contact person at the training location | Name: | |
| Mobile No: | |
| H.1.5 | Do you confirm availability of dedicated training facility for Rikshaw driving / equipment / tools for training? | Yes  No | |
| H.1.6 | Area of Training Location | 1. Total Area of Institute **\_\_\_\_\_\_ (**Square Feet) | |
| 2. Area of Driving Track  **\_\_\_\_\_\_** (in Meters) | |
| H.1.7 | Provide details of **Tool, Equipment and Consumables Item** which will be made available at the above proposed location with reference to respective curriculum  Note: PSDF will check the availability of items during evaluation / inspection visits | No. of Rikshaw Available: \_\_\_\_\_\_\_\_  ***Fill out below table for list of equipment and attach curriculum.*** | |
| **S.#** | **Name of Tool, Equipment or Consumable Item Required** | **Quantity mentioned in the curriculum** | **Quantity physically available at the training location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add more rows if required

**Note:**

1. **If training locations are more than one**, copy & paste the above provided table for each proposed location.
2. Separate list is required for each proposed training location.
3. All training facilities will be inspected on the basis of the information provided in the table above.

H.2 Past Experience of Training in the Trade

Provide one example of relevant past experience for training delivery of your organisation (Rickshaw driving/LTV driving or similar).

|  |  |  |  |
| --- | --- | --- | --- |
| H.2.1 | Did the organisation conduct training in the past | Yes | No |
| H.2.2 | Please specify the name of trade of which past experience is claimed |  | |
| H.2.3 | Name of Scheme:  *Write Either*   * Scheme Name (In case course was funded by PSDF)   OR   * Not Applicable (In case course was not funded by PSDF) |  | |
| H.2.4 | Course Duration of which the Past Experience is claimed (In Months) |  | |
| H.2.5 | Total Number of Trainees Trained | Male: \_\_\_\_\_\_\_\_\_\_  Female: \_\_\_\_\_\_\_\_\_\_ | |
| H.2.6 | Funding Source | PSDF  Other (Specify funding source)  Fee charged from Trainee  No Fee charged | |
| H.2.7 | Please specify that who provided the Driving License to the trainees after the completion of training. |  | |
| H.2.8 | Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *“Not Applicable” in Case the Course was previously funded by PSDF* | Yes  No  Not Applicable | |

Note:

* Recent Past Experience must be mentioned.
* In case of Non-PSDF funded training experience, documentary evidence of claimed experience must be attached. Zero marks will be awarded in Past experience if no documentary evidence is attached.

Part I: Capacity of the Organization to Deliver

I.1 Trainer

Please provide CV of **Trainers,** who will be responsible for PSDF’s project using format provided as **Annexure B**. Use separate CV form to provide the information for each trainer.

|  |  |  |
| --- | --- | --- |
| I.1.1. | Are trainers for theoretical and practical training available at the training location available or will be appointed after award of contract? | Yes  No, will be appointed after award of contract  **If yes, provide CVs on the attached format (Annexure B)** |

**Note:** Organization is required to submit CV of at **two Instructor** for each location. Trainers will also be checked during technical proposal evaluation by PSDF / Third Party Appointed by PSDF.

**Part J: 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 |  | |
| Contact Numbers | Line Number(s): |  |
| Cell Number(s): |  |
| Email address |  | |
| Date |  | |

**Note:**

* **Declaration not signed by the authorized person will lead to the rejection of the proposal.**

**PART K: CHECKLIST OF ATTACHED DOCUMENTS**

The following Documents must be attached with the Technical Proposal Form (Section 2).

|  |  |  |
| --- | --- | --- |
| **Serial No** | **Required Documents** | **Mark “X”** |
| 1 | Documentary Evidence of Past Experience (as claimed in Part H.2) in the proposed trade / course (acceptable documentary evidence may include Gazette, Contract Document, Contract completion certificate, Trainee Graduation Certificate, License certificate etc.) |  |
| 2 | **Annexure B** - CV of Trainer **(Minimum of 2 CVs in PSDF Prescribed Format for each proposed training location)**. |  |
| 3 | Copy of Highest Degree of Trainer |  |
| 4 | Copy of Curriculum |  |
| 5 | List of Tools/Equipment (Required in Rikshaw repairing and maintenance) |  |

ANNEXURE B

TRAINERCV FORMAT

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Organization** | |  | | | Paste Latest Picture | | | | |
| **Address of Training Location** | |  | | |
| **Name of Person** | |  | | |
| **Contact Number** | |  | | |
| **CNIC Number**  **(xxxxx-xxxxxxx-x)** | |  | | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | | | |
| **Degree Title** | | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree / Certificate/ Diploma Attached (Yes/No)\*** | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
| **Work Experience** | | | | | | | | | |
| **Name of Organization** | **Designation** | **Responsibility Assigned / Achievements** | | | | **Duration of Service** | | | |
| **Start Date** | **End Date** | **Duration** | |
|  |  |  | | | |  |  |  | |
|  |  |  | | | |  |  |  | |

\*Organization will not be allowed to change the proposed Trainer.

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

**Signature**

Note: Please attach copy of Latest Degree as mentioned above

**SECTION 3**

**FINANCIAL PROPOSAL FORM**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address of Organization** |  |
| **Name of Trade / Course** | Commercial Rikshaw Driving |

* It is mandatory for Organizations:
* To read the Instructions & Data Sheet carefully before completing the form.
* 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.
* Proposals not 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. Financial Proposal should be in a separate sealed envelope**.**

COVER LETTER FOR THE SUBMISSION OF FINANCIAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee/

Entrepreneurship on Wheels

Punjab Skills Development Fund,

21-A, H- Block, Dr Mateen Fatima Road, Gulberg II, Lahore

**Subject:** Financial Proposal for Commercial Rikshaw Driving

Dear Sir,

We offer to provide the Training under the Scheme “**Entrepreneurship on Wheels**” for the trade **Commercial Rikshaw Driving** in accordance with our Technical Proposal.

|  |  |
| --- | --- |
| **Description:** | **Amounts 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 applicable 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 indicated in the Data Sheet. No commissions or gratuities have been or are to be paid by us to agents relating to this Proposal and Contract execution. We understand that you are not bound to accept any or all Proposals you receive.

We remain,

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

[Name and Title of Signatory]

**PART L: Financial Proposal**

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| LA1 | Name of Trade | Commercial Rikshaw Driving |
| LA2 | Cost (per trainee per month) *(in figures)*  *exclusive of all applicable taxes* |  |
| LA3 | Cost(per trainee per month) *(in words)*  *exclusive of all applicable taxes* |  |
| LA4 | Is your organisation tax-exempt (Yes/No)? |  |
| LA5 | If answer to LA4 is Yes, attach valid tax exemption certificate issued by FBR / PRA. |  |
| LA6 | If answer to LA4 is No, then mention all applicable taxes and their respective rates |  |
| LA7 | Bidding Cost (per trainee per month) *(in figures)*  *inclusive of all applicable Direct and Indirect taxes* |  |
| LA8 | Bidding Cost (per trainee per month) *(in words)*  *inclusive of all applicable Direct and Indirect taxes* |  |

**Important:** *The Financial Bids should cover all costs expected to be incurred for PSDF's project, other than the costs of stipend and uniform & bags. Organization should quote the training cost while keeping in consideration the Terms of Reference for this project provided in the Bidding Document. PSDF assumes that the Organization 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 Organization as final and no revision will be allowed except at the discretion of PSDF.* ***Financial Bid will be scored based upon the amount mentioned in LA7 & LA8.***

|  |  |
| --- | --- |
| **AUTHORIZED PERSON TO SUBMIT PROPOSAL** | |
| Signature |  |
| Name |  |
| Designation |  |
| Date |  |

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

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Cost per trainee per month (PKR)** |
| LB1 | Project Management Team Costs (including remuneration and other costs) |  |
| LB2 | Trainer(s) Cost |  |
| LB3 | Books / Manuals and Stationery |  |
| LB4 | Licensing Cost |  |
| LB5 | Utilities Cost at Training Premises |  |
| LB6 | Mobilization Costs |  |
| LB7 | License Cost |  |
| Other Costs *(Please specify) (per trainee per month)* | | |
| LB8 |  |  |
| LB9 |  |  |
| LB10  *(Sum of LB1 to LB9)* | Total Cost *(per trainee per month)* |  |
| Total cost per trainee per month (LB10) should be equal to per trainee per month cost quoted in LA2 and LA3. May add rows for additional heads of account, if required. | | |

|  |  |
| --- | --- |
| **AUTHORIZED PERSON TO SUBMIT PROPOSAL** | |
| Signature |  |
| Name |  |
| Designation |  |
| Date |  |

1. 1 Persons undergoing training at one time and at one place, as one cohort/group, form a “class”.

   2 The term “batch” depicts the number of times a course will be repeated over the period of the scheme. One batch can have multiple classes. *For a 2 month course, maximum number of batches over the duration of one year can be 6.*  [↑](#footnote-ref-1)