**PUNJAB SKILLS DEVELOPMENT FUND**



 Pre-Qualification

 Of

 Industries/Establishments

Round 6

|  |  |
| --- | --- |
| **Name of Industry/Establishment** |  |
| **Address** |  |

It is mandatory for Organizations to:

* Read the Instructions & Data Sheet carefully before completing the form.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* The Form must be signed by Head of Organization or authorized person.
* The form must be in binding form (means tape binding, Ring Binding or properly staple)

A: INFORMATION ABOUT THE LEAD INDUSTRY/ESTABLISHMENT AND CONSORTIUM PARTNER

| **Code** | **Required Information** | **Response** |
| --- | --- | --- |
| A.1 | Legal Name of Organization |  |
| A.2 | Year of Registration  |  |
| A.3 | Which economic sector does your organization belong to? |

|  |  |
| --- | --- |
| [ ]  | Agriculture / Livestock |
| [ ]  | Engineering |
| [ ]  | Manufacturing  |
| [ ]  | Construction |
| [ ]  | Information Communications and Technology (ICT) |
| [ ]  | Hospitality |
| [ ]  | Others (please specify) |

 |
| A.4 | What is the legal status of your Organization? Tick the relevant box (one box only) | [ ]  | Public Sector Organization  |
| [ ]  | Section 42 Company |
| [ ]  | Public Ltd. Company  |
| [ ]  | Private Ltd. Company |
| [ ]  | Partnership |
| [ ]  | Others (please specify) |
| A.5 | Name of Head of Organization |  |  |
| Designation |  |  |
| Email |  |  |
| Mobile Number |  |  |
| A.6 | Name of Contact Person |  |  |
| Designation |  |  |
| Email |  |  |
| Mobile Number |  |  |

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

\* Contact person must be an office bearer or employee of the organization.

**Provide the Details of Consortium Partner.**

|  |  |  |
| --- | --- | --- |
| A.7 | Legal Name of Consortium Partner |  |
| Name of Contact Person of Consortium Partner |  |
| Designation  |  |
| Postal address of Consortium Partner |  |
| Email |  |
| Phone & mobile numbers |  |
| Website (If any) |  |

**Note:**

* Use separate table for each consortium partner, if more than one.
* Attach copy of agreement with Consortium Partner(s). Sample format is at **Annexure B**.

**PART B: ELIGIBILITY REQUIREMENTS OF THE LEAD ORGANISATION**

**B.1: ELIGIBILITY REQUIREMENTS**

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

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Documents/ Requirements** | **Please Tick****(relevant box only)** |
| B.1.1 | Copy of Valid NTN / FTN Certificate in the name of Organization | NTN / FTN: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Attached [ ]  Not Attached |
| B.1.2 | Must have minimum of 50 Permanent or Contractual Employees. Note: This will be verified through attached Documentary Evidence | [ ]  Yes [ ]  No |

**Note:**

1. Legal Status of the Lead Organisation is not required in case of Listed and non-listed Public limited companies.
2. Industry/Establishment must be registered not later than 3 Years. This eligibility condition will be verified through NTN/Certificate of Incorporation.

**PART C: RESPONSIVENESS: FINANCIAL AND HUMAN RESOURCE CAPACITY**

**C. 1 FINANCIAL HEALTH OF ORGANIZATION**

* Financial score will be evaluated from the Financial Statement and Bank Statement.

|  |  |  |
| --- | --- | --- |
| C.1 | **Option 1:** Bank Statement of last one year from 1st January 2019 to – 31st December 2019  **OR****Option 2:** Provide financial statements issued by an ICAP licensed Chartered Accountant.  | [ ]  Attached Bank Statement (Signed and Stamped by Bank)[ ]  Attached Audited Financial Statement |

**C.2. Human Resource Capacity**

**C.2.1 Management Team Profile**

Please provide CVs of presently available members of Management Team who will be responsible for the below mentioned functions for the execution of PSDF project.

* **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.

* **Marketing/HR:** The designated person will be responsible for mobilizing trainees and placement of trainees.
* **Finance/Accounting/Reporting:** The designated person will be responsible for reporting to PSDF as per requirements of PSDF monitoring guidelines on prescribed formats.

**Note:**

One person can only be assigned for one of the above-mentioned tasks as deemed effective. It is expected that all functions must be covered. Minimum of **Three CVs** must be submitted.Please refer to Annexure A for CV format.

C.2.2. NUMBER OF EMPLOYEES CURRENTLY WORKING

 Organisation Must Provide documentary evidence of number of employees currently working in an organisation.

|  |  |
| --- | --- |
| Component | Value |
| Total Number of Management Staff |  |
| Total Number of Permanent Employee (Labour) |  |
| Total Number of Contractual Employees (Daily Wagers/ Contractual Employees) |  |

Note

Documentary Evidence must be submitted for the Total Staff in the form of one of the following;

* Social Security Statement
* EOBI Data
* Payroll / Salary Slips
* Any other relevant document

**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 past experience of your Organization. You are requested to ensure that the suggested courses are;

1. In-line with the core business of your organization,
2. As per adequate infrastructure of your organization including training premises and Machinery, Tools & Equipment for those courses. In case of Consortium Partner, it must have proper training facility.
3. A requirement of workforce at your Organization.

**D.1: PROPOSED COURSE AND PAST EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Proposed Course** | **Tools & Equipment** | **Past Experience** |
| **Sr. No.** | **Course Name** | **Business Activity related to proposed course** | **District of Business Activity** | **Address of Training Location along with District** | **Is the Training Location that of Lead Organization or Consortium Partner?****(Write either Lead or consortium)**  | **Do you or Consortium Partner have the required Tools / Equipment to Conduct the Training?****(Yes/No)** | **Do you have the experience of Conducting Training in Formal / Informal manner in proposed Course?** **(Yes/No)**  | **How many trainees have you trained in the past?** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |

**Add more rows if required**

**Note:**

* Course having relevance with Core Business, Availability of tools and Equipment and Formal/ Informal experience of Training will be shortlisted (Pre-Qualified)

**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 of the Prequalification Document as well as suspension of the Organization for one round of bidding.
* I am duly authorized to submit this application on behalf of

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

**PART F: LIST OF ATTACHED DOCUMENTS**

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

 Note: The documents should be attached in the above given order.

Annexure A: Management Team **CV** Format

|  |  |
| --- | --- |
| **CV of**  | ☐ Project Manager ☐ Marketing/HR ☐ Finance/Accounting/Reporting  |
| **Name of Organization** |   | Paste Latest Picture(Mandatory) |
| **Designation Within Organization** |   |
| **Name of Person** |   |
| **Contact Number** |   |
| **CNIC Number (xxxxx-xxxxxxx-x) (attach a copy of CNIC)** |   |
| **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** | **Is the Experience of (Professional Industry / Teaching)** | **Designation** | **Responsibility Assigned** | **Duration of Service**  |
| **Start Date** | **End Date** | **Duration** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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/Diploma and copy of experience certificates as mentioned above.

Annexure C

**CONSORTIUM AGREEMENT**

 (To be printed on Rs. 200/- Stamp Paper)

**THIS DEED OF CONSORTIUM AGREEMENT** (hereinafter referred to as the “Agreement”) is made at *[name of city]* on this \_\_\_\_\_\_ day of *[month]* 2020.

# BETWEEN

1. **M/s *[name of lead training service provider]***, having its Principal office at *[address of organization, city]*, through *[name and designation of head of organization]* (hereinafter referred to as the Lead Organization)

**AND**

1. **M/s *[name of consortium partner]***, having its Principal office at *[address of organization, city]*, through *[name and designation of head of organization]* (hereinafter referred to as the Consortium Partner)

 (hereinafter referred to as the **“Consortium”** which expression shall, where the context so permits, include their legal heirs and successors in interest)

**WHEREAS** the Consortium Partners have formed a Consortium for the purpose of providing technical / vocational training to the trainees with the funding of PSDF and their mutually agreed responsibilities as stated below are binding on them;

**RESPONSIBILITIES OF LEAD ORGANIZATION**

*[enlist the details of responsibilities that will be performed by Lead Organization for this assignment]*

**RESPONSIBILITIES OF CONSORTIUM PARTNER**

*[enlist the details of responsibilities that will be performed by Consortium Partner for this assignment]*

Consortium Partner will be involved in training of Below cited course(s).

|  |  |  |
| --- | --- | --- |
| *Course name* | *No of Persons to be trained* | *Address of Training Location along with District* |
|  |  |  |
|  |  |  |

**THEREFORE, NOW, THE CONSORTIUM ACKNOWLEDGE AND UNDERTAKE AS FOLLOWS**:

1. That Consortium shall have joint and several liabilities in respect of the PSDF’s obligations under the Services Provision Contract.

1. That *[name and designation of authorized representative of Lead Organization]* is the authorized person to sign contracts, correspond and other documents with PSDF.
2. That the parties agree that only the Lead Organization shall be entitled to receive all amounts due under the Agreement on behalf of both consortium partners;

1. That in case Consortium partner leaves the Consortium, the Lead Organization shall immediately inform PSDF; In case, the lead organisation leaves, consortium partner will inform PSDF and will be responsible for delivery of services under the contract as agreed which shall entitle PSDF to terminate the Agreement.

1. That Consortium hereby holds the PSDF indemnified and harmless in case of any loss occurred due to any act of the Consortium or its partners individually.

**Lead Organization** **Consortium Partner**

|  |  |  |
| --- | --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Witnesses 1: Witnesses 2:**

|  |  |  |
| --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |