**PUNJAB SKILLS DEVELOPMENT FUND**

**A close up of a sign

Description generated with very high confidence**

**Section 3: ORGANIZATION’S PROFILE & ELIGIBILITY**

**SKILLS FOR MARKET LINKAGE- ROUND 2**

**Note:**

* Read the Instructions & Data Sheet carefully before completing the form.
* All pages must be numbered and signed by Head of Organisation or authorized person.
* Bidding forms along with supporting document must be submitted in **Book Binding form.**

# PART A: INFORMATION ABOUT THE TRAINING PROVIDER

Please provide required information using the following formats.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Required Information** | **Response** | |
| **A.1** | Legal Name of the Lead Organisation |  | |
| **A.2** | Year of Registration / Establishment |  | |
| **A.3** | What is the core business of the Lead organisation? |  | |
| **A.4** | What is the legal status of lead 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 |
|  | Partnership |
|  | Others (please specify) |
| **A.5** | Name of Head of Organisation\* |  | |
| Designation |  | |
| Email |  | |
| Phone & mobile numbers |  | |
| **A.6** | Address of Organisation |  | |
| Phone |  | |
| Email |  | |
| 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.

**Provide the details of Business Partners / Vendor (mandatory requirement\*\*) who has signed an MOU. Please also attach the copy MOU on the format attached with the bidding document.**

|  |  |  |
| --- | --- | --- |
| **Business Partners / Vendor - 1** | | |
| **A.8** | Legal Name |  |
| Name of Contact Person |  |
| Designation |  |
| Postal address |  |
| Email |  |
| Phone & mobile numbers |  |
| Website (If any) |  |

\*\*All Training partners will have to engage at least two textile businesses / vendors that will be responsible for providing orders to trainees post the training period.

|  |  |  |
| --- | --- | --- |
| **Business Partners / Vendor - 2** | | |
| **A.9** | Legal Name |  |
| Name of Contact Person |  |
| Designation |  |
| Postal address |  |
| Email |  |
| Phone & mobile numbers |  |
| Website (If any) |  |

**Provide the details of Financial Institution (if any) who has signed an agreement / MOU / provided consent letter with your organization. Please also attach the copy of agreement / MOU / Consent Letter.**

|  |  |  |
| --- | --- | --- |
| **A.10** | Legal Name of Financial Institution |  |
| Name of Contact Person |  |
| Designation |  |
| Postal address |  |
| Email |  |
| Phone & mobile numbers |  |
| Website (If any) |  |

**Note: It is not mandatory but encouraged to have MOU/agreement with any Financial Institution.**

**PART B: ELIGIBILITY REQUIREMENTS FOR LEAD ORGANISATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B.1** | Lead Organisation must have legal status. Attach copy / copies of Certificate(s) of incorporation. |  | | Copy attached |
|  | | Copy not attached |
| **Lead Organisation must have legal status and must provide copy / copies of Registration Certificate(s).** | | | |
| **B.2** | Mention National Tax Number (NTN) or Free Tax Number (FTN) in the name of the lead organisation and attach copy of NTN/FTN certificate | NTN |  | |
| FTN |  | |
|  | Copy attached | |
|  | Copy not attached | |
| **Lead Organisation must have valid NTN / FTN in the name of the Lead Organization**. | | | |

#### Please provide information about the eligibility of your Organisation, as per criteria defined by PSDF, using the following form. Please check the appropriate box where applicable. Read the instructions carefully before filling in the form. Attach relevant document where required. Non-compliance with one or more conditions will lead to ineligibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **B.3** | Does your organization have total annual credit of minimum PKR 24 million as per the one year (starting from 1st April 2019 to 31st March 2020) of Bank Statement in the name of the Organization?  Attach duly signed and stamp Bank Statement of last one year in the name of the organization. |  | Bank Statement Attached |
|  | Bank Statement Not attached |
| **Lead Organisation must provide Bank Statement of one year (starting from 1st April 2019 to 31st March 2020) in the name of organization. Organization will be declared ineligible if they do not provide bank statement duly signed & stamped and have less than 24 million of total annual credits.** | | |

# Declarations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B.5** | Does your organisation agree to open a separate bank account for funds provided by PSDF? |  | | Yes | |
|  | | No | |
| **Training Provider must agree to open a separate bank account for the funds provided by PSDF.** | | | | |
| **B.6** | Does your organisation agree to allow PSDF assigned auditors to check the accounts opened for PSDF assignment? |  | | Yes | |
|  | | No | |
| **Training Provider must agree to allow PSDF assigned auditors to check the accounts, if need arises.** | | | | |
| **B.7** | Has your organisation ever been suspended / debarred / blacklisted by any organisation? |  | | We solemnly declare that our organisation is not suspended / debarred and has never been blacklisted | |
|  | | Our organisation has been blacklisted once or more than once | |
| **Training Provider must not be suspended / debarred or blacklisted.** | | | | |
| **B.8** | If you have previously worked with PSDF: | | | | |
| Has your contract been cancelled (in part or in full)? | |  | | Yes |
|  | | No |
| **In case you have previously worked with PSDF, the contract must not have been cancelled (in part or in full).** | | | | |
| **B.9** | Have you attached the required bank drafts along with the bidding documents? | |  | | Yes |
|  | | No |
| ***For information regarding the amount of bank drafts, kindly see the instructions and data sheet. Training Provider must attach the bank drafts with the bidding document.*** | | | | |

# PART C: 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 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** |  |

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

**The following Documents must be attached with Organization Profile & Eligibility (Section 3).**

|  |  |
| --- | --- |
| **Sr. No** | **Required Documents** |
| **1** | Proof for legal Status of Organization. |
| **2** | National Tax Number / Free Tax Number Certificate in the name of Lead Organization. |
| **3** | Duly signed and stamped Financial Statement of last financial year in the name of organization. |
| **4** | Copy of Consent Letter / MOU / Agreement from Financial Institution (Not Mandatory). |
| **5** | MOU with at least two textile businesses / vendors that will be responsible for providing orders to trainees post the training period |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Annexure A**    **Agreement**  (To be printed on Rs. 200/- Stamp Paper)  **This agreement** (hereinafter referred to as the “Agreement”) is made at *[name of city]* on this \_\_\_\_\_\_ day of *[month]* 2020. BY  1. **M/s *[name of 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 business partner/vendor]***, having its Principal office at *[address of organization, city]*, through *[name and designation of head of organization]* (hereinafter referred to as the business partner/vendor)   (hereinafter referred to as the **“business partner/vendor”** which expression shall, where the context so permits, include their legal heirs and successors in interest)  **IN FAVOUR OF**  **Punjab Skills Development Fund**, having its Principal office at 21-A, Dr Mateen Fatima Road, Gulberg II, Lahore (hereinafter referred to as the "**PSDF**" which expression where the context so admits or requires shall mean and be deemed to include its successors, executors, and assigns).  **WHEREAS** the Business Partner/Vendor have signed an agreement for the purpose of providing technical/vocational training to the trainees with the funding of PSDF and generate business for the trainees and their mutually agreed responsibilities as stated below are binding on them;  **RESPONSIBILITIES OF TRAINING ORGANIZATION**  *[enlist the details of responsibilities that will be performed by Lead Organization for this assignment]*  **RESPONSIBILITIES OF BUSINESS PATNER/VENDOR**  *[enlist the details of responsibilities that will be performed by business partner/vendor for this assignment]*  **THEREFORE, NOW, THE BUSINESS PATNER/VENDOR ACKNOWLEDGE AND UNDERTAKE AS FOLLOWS**:   1. That **BUSINESS PATNER/VENDOR** shall have joint and several liabilities in respect of the PSDF’s obligations under the Services Provision Contract. 2. That [name and designation of authorized representative of Lead Organization] is the authorized person to sign contracts, correspond and other documents with PSDF. 3. That in case **BUSINESS PATNER/VENDOR** partner leaves the Agreement, the Lead Organization shall immediately inform PSDF 4. That **BUSINESS PATNER/VENDOR** hereby holds the PSDF indemnified and harmless in case of any loss occurred due to any act of the Agreement.   **Lead Organization** **Business Partner/Vendor**   |  |  |  | | --- | --- | --- | | 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |     Section 4: TECHNICAL PROPOSAL  SKILLS FOR MARKET LINKAGE- ROUND 2 |
|  |
| |  |  | | --- | --- | | **Name of Lead Organization** |  | | **District Applying for** |  | | **Name of Trade** |  | |
| *An organization may apply for multiple Districts. However, there should be separate Trade wise Technical Proposal for each District. Envelope containing Organization’s profile & Eligibility and Technical Proposal should be placed in a separate envelope. Technical Proposals must have separate binding in book form.*  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:**  This form must be completed and submitted in a Separate Book Binding Form to PSDF, along with required documents and Section 3 in a separate envelope**. Technical proposal should be trade wise.** |

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Procurement Department

Skills for Market Linkage-Round 2

Punjab Skills Development Fund,

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

Gulberg 2, Lahore, Pakistan.

**Subject:** Technical Proposal of the **{Trade} for {District}**

Dear Sir,

We offer to provide the training for *[Insert Trade Name] in [Insert District Name]* under the Scheme **“Skills for Market Linkage Round 2”** in accordance with your Terms of Reference. We hereby submit our Technical Proposal including the required documentsin 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 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]

**ENCLOSED FORMS**

|  |  |  |
| --- | --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | | **Max Score (100)** |
| **PART A** | Information of Trade |  |
| **PART B** | Approach & Methodology (Mobilization Strategy, Project Work Strategy, Market Linkage Strategy and Risk & Mitigation Strategy) | **25** |
| **PART C** | Human Resource Capacity (Project Management staff, Reporting Staff, Mobilization staff and Instructors) | **25** |
| **PART D:** | Past Experience | **50** |
| **PART E:** | Declaration | |
| **PART F:** | List of Attached Documents | |
| **Annexure B:** | Project Management Team - CV Format | |
| **Annexure C:** | Trainer - CV Format | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Handwritten Bidding Document will not be accepted & evaluated.* | | |

**PART A**

A.1 INFORMATION OF TRADE

Please mention details of the proposed trade in the table below:

|  |  |  |
| --- | --- | --- |
| A.1.1 | Name of Trade\* |  |
| **A.1.2** | **Name of Proposed District** |  |
| **A 1.3** | Do you confirm availability of machine / equipment and Tool Kit for training before the start of training? | Yes  No |

\*There are two trades under consideration.

1. CA refers to Commercial Tailoring+ Adda Work.

2. CH refers to Commercial Tailoring+ Hand Embroidery.

A.2 PROPOSED NUMBER OF TRAINEES

There will be only one batch under this program, so all classes will start at one time. Please provide information of proposed training location and number of trainees using the below table:

|  |  |  |  |
| --- | --- | --- | --- |
| Serial No | Name of Tehsil of District | Name of Union Council | Trainees per Class (Up to 20 Trainees per Class)\* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| Total | | |  |

*\** *Maintain distance of 6 feet between trainees. Minimum class size should not be less than 10 trainees.”*

*Note:*

* *PSDF has already allocated total number of trainees to be trained per trade per district. Please see Annexure A for details.*
* *Total in the above table will be extracted from the information available in Annexure A.*
* *Insert row if required.*

**PART B: APPROACH & METHODOLOGY**

Training providers are required to provide its approach & methodology of executing this Project.

**B.1 Mobilization Strategy:**

Please provide the Mobilization Strategy to select and enrol female trainees who will be engaged for a period of one year (Maximum 300 Words)

**B.2 Project Work Strategy:**

Please provide **Project work strategy** (maximum of 200 words)

**B.3 Market Linkage Strategy:**

Please provide the detail Market Linkage Strategy (Maximum 500 words).

B.4 Risk Assessment & Mitigation Strategy

The Training Provider is expected to be aware about the challenges of this assignment and their Mitigation Strategy. What do you consider will be the three major risks for this project and how will you mitigate these?

|  |  |  |
| --- | --- | --- |
| **Serial No** | **Risk** | **Mitigation Strategy** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

Add more rows if needed.

C. Project Implementation Team

PSDF expects that the Training Provider has adequately qualified and competent personnel available for following tasks in connection with effective implementation of this project. The ideal Management Staff must belong to the key areas:

1. Project Manager: The designate 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.
2. Mobilization: The designate person will be responsible for conducting / supervising the mobilization activity for the Project.
3. Reporting: The designate person will be responsible for maintenance of training-related records and reporting to PSDF as per requirements of PSDF monitoring guidelines on prescribed formats.

Please provide CVs of **MEMBERS** of management team who will be responsible for the implementation of the PSDF’s project on the format provided by PSDF (Annexure B).

**Please also fill the below table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of Employee** | **CNIC** | **Designation Within Organization** | **Responsibility Assigned for PSDF Project** | **Highest Qualification Achieved** | **Copy of Highest Degree Attached (Yes/No)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

**TRAINERS PROFILE**

Please provide CVs of Master Trainers,usingformat provided as in **Annexure C**.

* At least 1 CV of Master Trainer for teaching of core skills must be provided.
* At least 1 CV of Master Trainer for teaching of business management and leadership module must be provided.

PART D: PAST EXPERIENCE

PART D.1 Previous Experience of Training

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Indicator** | **Response** |
| **D.1.1** | 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)* |  |
| **D.1.2** | Funding Source: (*Write Any one of below)*   * PSDF * Other (*Mention Funding Source*) * Fee Charged from Trainee * No Fee Charged |  |
|
|
| **D.1.3** | Name of the course conducted in Past |  |
| **D.1.4** | Year of Training |  |
| **D.1.5** | District of Training |  |
| **D.1.6** | Total Number of Trainees Trained | Male \_\_\_\_\_\_\_\_    Female \_\_\_\_\_\_\_\_ |
| **D.1.7** | What is the total value of the project? (in PKR)  *(Attached documentary evidence for this)* |  |
| **D.1.8** | Is this a rural community-based project (if Yes) Provide Number of village covered in all Districts |  |
| **D.1.9** | Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |  |
| **D.1.10** | Nature of Documentary Evidence of Claimed Experience,  *(Gazette issued by third party, Contract Document, Contract Completion Certificate etc)*  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |  |
| **D.1.11** | What are the Outcomes of the Project (you may attach separate page for specific details? But brief response will be provided here). |  |

Note:

* Provide one best response.
* Organizations are encouraged to provide the example of recent project experience.
* In case of Non-PSDF funded training experience, documentary evidence of claimed experience must be attached.

PART D.2 Previous Experience of Market Linkage:

Do you have the Past experience of establishing the Market linkage of Rural Females?

Please provide the following Information

|  |  |  |
| --- | --- | --- |
| Code | Required Information | Responses |
| D.2.1 | Duration of Market Linkage |  |
| A.2.2 | Market Linkage District |  |
| A.2.3 | No of Female Trainees whose Market Linkage was Established |  |
| A.2.4 | No of Orders Completed during Market Linkage Period |  |
| A.2.5 | Average wage received through selling of Products |  |

Note:

* In case of Non-PSDF funded training experience, documentary evidence of claimed experience must be attached.

**PART E: 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 |  |

**F: CHECK LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Required Documents** | **Reference** | **Mark ‘X’** |
|  | CVs   * Management Team * Master Trainer(s) | Annexure B & C |  |
|  | Copy of Highest Degree of   * Management Team * Master Trainer(s) | Annexure B & C |  |
|  | Documentary Evidence of Claimed Past Experience  (for non PSDF funded courses) | Part D.1 |  |
|  | Documentary Evidence of Market Linkage Project | Part D.2 |  |
|  | Declaration signed by Head of Organisation/Authorised Person | Part E |  |

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

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

**ANNEXURE B: MANAGEMENT TEAM** **CV FORMAT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training provider** |  | | | | | | | | | | | **PLEASE PASTE LATEST PHOTOGRAPH OF THE IMPLEMENTATION TEAM MEMBER.**  **USE ONE FORM FOR EACH MEMBER** | | | | | | | |
| **Designation in the Organization** |  | | | | | | | | | | |
| **Task(s) Assigned for PSDF’s Project** |  | | | | | | | | | | |
| **Personal Data** | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | |  | | |  | |
| **Contact Number** |  | | | | | | | | | | | | | | | | | | |
| **CNIC No.** |  |  |  |  |  | **-** |  | |  |  |  | |  |  | |  | **-** | |  | |
| **Academic Qualifications** | | | | | | | | | | | | | | | | | | | |
| **Qualification** | **Name of Institution** | | | | | | | | | | | **Year of Completion** | | | | **Copy of Latest Degree Attached (Yes/No)** | | | |
|  |  | | | | | | | | | | |  | | | |  | | | |
|  |  | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | |  | | | |
| **Relevant Work Experience for PSDF’s Assigned Tasks** | | | | | | | | | | | | | | | | | | | |
| **Name of Organization** | | **Designation** | | | | | | **Responsibilities Assigned** | | | | **Duration (Years)** | | | | | | | |
| **From** | | | | **To** | | | |
|  | |  | | | | | |  | | | |  | | | |  | | | |
|  | |  | | | | | |  | | | |  | | | |  | | | |

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

Signature:

**ANNEXURE C: TRAINER** **CV FORMAT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CV FOR** | | | Master Trainer | | | | | | |
| **Name of Organization** | | |  | | | | | | |
| **Designation in the Organization** | | |  | | | | | | |
| **Personal Data** | | | | | | | | | |
| **Name of Trainer** | | |  | | | | | | |
| **Trainer for (Core Skills / Business Management Skills )** | | |  | | | | | | |
| **Contact Number** | | |  | | | | | | |
| **CNIC Number** | | |  | | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | | | |
| **Degree/Certification 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: Professional Work Experience in the relevant Industry will be encouraged.