

Technical Proposal Form

Skills for ICT SECTOR

|  |  |
| --- | --- |
| **Name of Training Provider** |  |
| **Name of Trade**  ***(Refer to Letter of Invitation)*** |  |
| **Sector**  ***(Refer to Letter of Invitation)*** |  |
| **District**  ***(Refer to Letter of Invitation)*** |  |

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.
* Proposal not signed by Head of Organisation or authorized person will be rejected.
* Submission of missing documents after closing date is not allowed**.**

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee

Skills For ICT Sector

Punjab Skills Development Fund,

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

Lahore, Pakistan

**Subject:** Technical Proposal in Response to Letter of Invitation No. [*Insert Letter number & Date*]

Dear Sir,

We offer to provide the Services for “***Skills for ICT Sector****: for the trade of* ***[Insert Trade Name]”*** 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-E & Annexures as prescribed by PSDF.

**ENCLOSED FORMS**

|  |  |
| --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | |
| **PART A:** | **Information about Organization** |
| **PART B:** | **Quality of Training**  **Marks will be based on certain factors i.e. financial health, training premises, Availability of Tools & Equipment, past experience of Training, placement.** |
| **PART C:** | **Capacity of the Organization to Deliver** |
| **PART D:** | **Declaration** |
| **PART E:** | **Check List** |
| **Annexure A:** | **CV Format** |
| ***Note:*** *All parts are to be filled in using the attached Forms****. Handwritten RFP will not be accepted & evaluated.*** | |

**PART A**

**Information about the Training Provider**

Please provide information about the organisation using the following form.

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| A1 | Legal Name of Organisation |  |
| A2 | Name of Head of Organisation |  |
| Designation |  |
| Email ID of Head |  |
| Mobile No of Head |  |
| A3 | Postal address of Organisation |  |
| Landline No: |  |
| Website (If any): |  |
| A4 | Name of Contact Person |  |
| Designation of Contact Person in the organisation |  |
| Mobile Numbers of Contact Person |  |
| Email ID of Contact Person |  |

PART B

B 1. Trade of National Certification

Please mention details of the proposed trade in the table below for which national approved curriculum is to be used:

|  |  |  |
| --- | --- | --- |
| B 1.1 | Name of Trade /Course  *(Refer to Letter of Invitation)* |  |
| B 1.2 | Duration (in months)  *(Refer to Letter of Invitation)* |  |
| B 1.3 | Curriculum Source  *(Refer to Letter of Invitation)*  *Note: Attach copy of curriculum with RFP if curriculum is other than approved by NAVTTC /TEVTA* |  |
| B 1.4 | CBT Curriculum (Yes /No) |  |
| B 1.5 | Testing / Certification Authority \* |  |
| B 1.6 | Target Trainees  *(Tick Relevant Box)* | Male Only  Female Only  Both (% of Male\_\_ & % of Female\_\_) |

Note: In case of CBT curriculum the proposed course has to be at least a Level 2 Certificate / Diploma, or a higher-level course.

\*Training Provider will submit documentary evidence of its testing arrangements, if these are other than PBTE. The testing agency must be accredited by the relevant regulatory body.

B 2. Proposed Number of Trainees

Please tell us about the number of persons that are proposed to be trained at each location for the above-mentioned trade. Note: Please use a separate row for each proposed training location (*Refer to Invitation Letter for Shortlisted Locations*). Insert more rows if required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. # | Address of Training Location  *(Refer to Invitation Letter)* | District of Training Location  *(Refer to Invitation Letter)* | No. of Trainees per Class  (Up to 25) | No. of Classes1 Per  Batch | No. of Batches[[1]](#footnote-1)2 | Total Trainees |
| (A) | (B) | (C) | A X B X C |
|  |  |  |  |  |  |  |
| Grand Total | | | | | |  |

B 3 TRAINING PREMISE(S) DETAILS

Please provide all details about training locations (separate table for each location) where course related lab work will be done. 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. 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** | | | |
| B 3.1 | Complete Address of Training Location *(Refer to Invitation Letter)* |  | |
| B 3.2 | Is the training Location Owned by the Organization *(Yes / No)* |  | |
| B 3.3 | Details of Coordinator at the training location. | Name: | |
| Mobile No: | |
| B 3.4 | Area of the Training Location | 1.     Total Area **\_\_\_\_\_\_ (**Square Feet) | |
| 2. Covered Area **\_\_\_\_\_\_** (Square Feet)  (Classroom + Practical Area) | |
| B 3.5 | Facilities Available in the training location | Generator/ UPS |  |
| Reception Area |  |
| Drinking Water Facility |  |
| Library with Books |  |
| Cafeteria |  |
| Additional Bathroom |  |
| Parking Space |  |
| B 3.6 | Classroom with Proper Facilities Including | Chairs with Side Desk / Separate Desk (Minimum 25 or less if proposed no of trainees are less than 25) |  |
| White / Black Board (Minimum 1) |  |
| Ventilation with Lights and Fans |  |
| Rostrum (Minimum 1) |  |
| **Trade Wise Location (1) Details** | | | |  |  |  |
| B 3.7 | Details of Trainer Available for the proposed trade in the Training Location | |  |  | | --- | --- | | Name of Trainer | CV Attached (Yes/No) | | 1. |  | | 2. |  | | |
| **Practical Area Details (Location 1)** | | | |
| B 3.8 | Availability of the Equipment | ☐Fully Equipped Lab (100%)  ☐Partially equipped workshop/lab available (50-100%) | |
| B 3.9 | **Name of item as per curriculum of the proposed trade** | **Quantity mentioned in the curriculum** | **Quantity physically available at the training location** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

Note: If training locations are more than one, copy paste the above provided table for each proposed training location.

Insert more rows, as per requirement.

**Notes:**

1. Separate list is required for each proposed training location.
2. 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.**
3. Training provider **must have** at least 2 classrooms to accommodate maximum of 25 trainees each along with practical lab / Classroom, admin room and Bathroom.

B 5. PAST EXPERIENCE OF TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Indicator** | **Project 1** | **Project 2** |
| **B 5.1** | 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)* |
| **B 5.2** | Funding Source: (*Write Any one of below)* |  |  |
|        PSDF |
|        Other (*Mention Funding Source*) |
|        Fee Charged from Trainee |
|      No Fee Charged |
| **B 5.3** | Name of Course of which past experience is Claimed *(Mention Course Name)* |  |  |
| **B 5.7** | Is this the Same Training Location as refer in Invitation Letter (Write Yes / No) |  |  |
| **B 5.8** | Who has conducted the Exams: Write Either of below |  |  |
|        International TVET Body (Mention Name) |
|        National TVET Body (Mention Name) |
|        HEC Chartered University |
|        Other (Mention Name) |
| **B 5.10** | Total Number of Trainees Trained |  |  |
| **B 5.11** | Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable) |  |  |
| ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |
| **B 5.12** | Nature of Documentary Evidence of Claimed Experience, |  |  |
| *(Gazette, Contract Document, Contract Completion Certificate, Trainee Graduation Certificate etc)* |
| ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |

* 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.
* Documentary Evidence must be external. Internally generated evidences will not be considered.
* Zero marks will be awarded if claimed past experience does not lies in the same / similar category.

**PART C**

**Capacity of the Organization to Deliver**

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

* **Trainer(s)** for each training location

**PART D**

**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 E**

**CHECK LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Required Documents** | **Reference** | **Mark ‘X’** |
|  | CVs Trainer(s), | Annexure A |  |
|  | Copy of Highest Degree, Current & Previous Employment Letter of Trainer. | Annexure A |  |
|  | Documentary Evidence of Claimed Past Experience  (for non PSDF funded courses) | B 5.11 |  |
|  | Declaration signed by Head of Organisation/Authorised Person | Part D |  |

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

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

**ANNEXURE A -** TRAINER (**CV FORMAT)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training provider** | |  | | | Paste Recent Picture  (mandatory) | | | | |
| **Designation in the Organization** | |  | | |
| **Address of Training Location** | |  | | |
| **Current Responsibilities** | |  | | |
| **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)\*** | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
| **Work Experience (Previous & Current Association)** | | | | | | | | | |
| **Name of Organization** | **Is the Experience of (Professional / 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.

* Professional Work Experience in the relevant Industry will be encouraged.
* Copy of CNIC, Highest Degree, Current Employment Letter and Copy of Previous Work experience must be attached.
* Recent Picture is mandatory

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 example If Training course is of 3 months then maximum of 4 batches can be proposed. [↑](#footnote-ref-1)