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| **PUNJAB SKILLS DEVELOPMENT FUND** |
| **Technical Proposal Form** |
| **INDUSTRIAL TRAINING PROGRAM 2021** |
| **Date of Issuance: 3rd August 2020**   |  |  | | --- | --- | | Name of Training Provider |  | | Name of Course  *(Refer to invitation Letter)* |  |  * Read the Instructions & Data Sheet carefully before completing the form. * It is mandatory to use format provided by PSDF for preparation of 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 must be signed by Head of Organization or authorized person otherwise it will be rejected.*** * Submission of missing documents after closing date is not allowed. * Non-compliance with PSDF’s instructions will result in rejection of the technical proposal. * Technical proposal form along with supporting document must be submitted in separate **Binding form**. Binding refers to ring/tape binding or simple staple. * Technical proposal that do not comply with PSDF instructions will stand rejected. |
|  |

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee,

Industrial Training Program 2021,

Punjab Skills Development Fund,

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

Gulberg II, Lahore.

Tel No: 042-111-11-7733

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

Dear Sir,

We offer to provide the Services for “***Industrial Training Program 2021: [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 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 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 the Trade and Proposed Number of Trainees | |
| **PART B:** | **Quality of Training:** | **Max Score: 80** |
| B.1 Financial Health |  |
| B.2 Number of Employees Currently Working |  |
| B.3 Availability of Equipment |  |
| B.3.2 Dedicated Theoretical Training Area |  |
| B.3.3 Earmarked/ Identified Practical Training Area |  |
| B.4 Past Experience of Training |  |
| B.5 Placement Reporting |  |
| B.6 Past Placement Data |  |
| B.7 Employment Commitment |  |
| **PART C:** | **Capacity of the Organization to Deliver** | **Max Score: 20** |
|  | C.1 Trainer CVs |  |
|  | C.2 Management Team CVs | |
| **PART D:** | Declaration | |
| **PART E:** | Check List | |
| **Annexure A:** | CV Format | |
| **Annexure B:** | Detail Evaluation Criteria | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Handwritten RFP will not be accepted & evaluated.* | | |

PART A: INFORMATION OF THE TRADE

A.1. TRADE / COURSE OFFERED

Please mention details of the proposed trade / course in the tables below:

|  |  |  |
| --- | --- | --- |
| A.1.1 | Name of Trade / Course  *(Refer to Invitation Letter)* |  |
| **A.1.2** | **Duration (in months)**  *(Refer to Invitation Letter)* |  |
| A.1.3 | Curriculum Source *i.e. NAVTTC, TEVTA etc*  *(Attach copy in case of Self curriculum, proposal will not be evaluated without the curriculum)* |  |
| A.1.4 | Proposed Certification Authority | Punjab Board of Technical Education  Self-Certification |
| A.1.5 | Target Trainees | Male Only  Female Only  Both (% of Male\_\_\_\_, % of Female \_\_\_\_\_\_) |
| **A.1.6** | Do you confirm that earmarked machine/ equipment/ tools will be made available for training? | Yes  No |

A.2. NUMBER OF TRAINEES

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. | Address of Training Location | | Location (Lead / Consortium) | No. of Trainees per  Class  (Up to 25) | No. of Classes 1 Per  Batch | No. of Batches[[1]](#footnote-1) | Total Trainees |
| (A) | (B) | (C) | A X B X C |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  | | Grand Total | | | | |  |

B.1 FINANCIAL HEALTH OF AN ORGANISATION

Financial Health of an organisation will be determined by the Financial Statement/Bank Statement submitted at the time of the Pre-Qualification.

B.2 NUMBER OF EMPLOYEES CURRENTLY WORKING

Organisation Must Provide documentary evidence of number of employees (Permanent, Contractual, Daily Wagers) working in an organisation.

|  |  |
| --- | --- |
| Number of Employees in an Organisation | Documentary Evidence Attach |
| Shift 1: \_\_\_\_\_\_\_\_  Shift 2: \_\_\_\_\_\_\_\_  Shift 3: \_\_\_\_\_\_\_ | 🗌 Social Security Statement of Last one Year |
| 🗌 EOBI Data |
| 🗌 Salary Slips of all current Employees |
| 🗌 Any Other (Mention Type of Evidence) |

**Note**:

* **Attach documentary Evidence (employee payroll/ or any other document etc) showing the no of employees working under the trade.**
* **Number of Employees may also be verified during the field visits in a particular shift.**

TRAINING LOCATION WISE DETAILS OF FACILITIES AND EXPERIENCE

Please provide information about all training locations where the training will be delivered. Reference will be made to Invitation letter while selecting the training location. You are requested to provide complete and updated information about the training location addresses and contact numbers in detail so that PSDF team / Third Party representatives 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.

B.3 Training Location 1 (Availability of Equipment)

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Name of Training Location** |  | |
| B.3.1 | Complete Address (Refer to Invitation Letter) |  | |
| B.3.2 | Do you have Dedicated Classroom for theoretical Training? | Yes  No | |
| B.3.3 | Do you have Earmarked / Identified Area for Practical Training | Yes  No | |
| B.3.4 | Name and Mobile Number of Contact Person available at the training location | Name: | |
| Mobile No: | |
| B.3.5 | Provide details of equipment below which will be made available at the above proposed location with reference to the respective curriculum | | |
| **Sr.#** | **Name of item as per curriculum** | **Quantity mentioned in the curriculum** | **Quantity physically available at the training location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: Insert rows as per the items required in the curriculum.

**Notes:**

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

B.4 PAST EXPERIENCE

PAST EXPERIENCE OF TRAINING IN THE TRADE

Provide one example of relevant past experience for training delivery of your organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| B.4.1 | Has the organisation conducted such training in the past in Formal or informal way? | Yes | No |
| If yes, was training provided in the past:  Same  Similar  Mentioned the Name of Course:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| B.4.2 | Number of Individuals Trained | Male: \_\_\_\_\_\_\_\_\_\_\_\_  Female: \_\_\_\_\_\_\_\_\_\_\_\_ | |

*Note:*

*For organisations who have already worked with PSDF, the past experience will be evaluated on the basis of the past performance.*

B.5 PAST PLACEMENT REPORTING

For organisations who have worked with PSDF before in the same trades, Marks will be given based on Past Placement Reporting. For Details see Annexure B.

B.6 PAST PLACEMENT OF THE TRAINED PERSONS

For Organisations who have worked with PSDF before in the same trade, Past Placement of the trainees will be checked, and marks will be given based on it. For details see Annexure B.

**B.7 EMPLOYMENT OF TRAINED PERSONS**

|  |  |  |  |
| --- | --- | --- | --- |
| B.7.1 | How many numbers of employees (Permanent / Contractual) working related to that trade |  | |
| B.7.2 | No of employees (Permanent / Contractual) hired in the last one year. |  | |
| B.7.3 | How many of the trained persons will be employed by your organisation? Mention the percentage. | | |
| 50%  60%  70%  80%  90%  100 % | | |
| B.7.4 | Will your organisation ensure employment of trained persons in other organisations who will not be employed by your own organisation? |  | Yes |
|  | No |
| B.7.5 | If yes, how many of such trained persons will be employed in other organisations? Mention the percentage. | \_\_\_% | |

**Note:**

* **Organization should provide employment commitment of minimum 50% of the trained persons.**
* **Employment Commitment quoted in B.7.3 will be in addition to B.7.5 Section. Maximum total commitment will be equal to or less than 100%.**

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

**C.1 TRAINERS PROFILE**

Please provide CV(s) of **Trainer(s),** who will be responsible for PSDF’s project using format provided as **Annexure A**. Use separate forms to provide the information of each trainer.

**Note:** Training Provider is required to submit CV of **at least one Trainer or Maximum of Two trainer** for each location and trade. It is mandatory to attach a copy of CNIC with Annexure A.

**C.2 MANAGEMENT TEAM PROFILE**

Management Team profile marks will be given from the Pre-Qualification Section.

**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 |  |
| Contact Numbers |  |
| Email address |  |
| Date |  |

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

**PART E: List of Attached Documents**

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

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

ANNEXURE A: TRAINER CV FORMAT (Copy the Table if you want to attach more than one CV)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Training Provider |  | | | | | | | | | | | Paste latest Picture  (Mandatory requirement) | | | | | | | | | | |
| Trade/ Course Name |  | | | | | | | | | | |
| Address of Training Location |  | | | | | | | | | | |
| District |  | | | | | | | | | | |
| **In case of Consortium;** Please specify if the trainer is from Lead Partner or Consortium Partner (Please tick the appropriate option) | | | | | | | | | Lead Partner | | | | | | | | | | | | | |
| Consortium | | | | | | | | | | | | | |
| **Details of Instructor** | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | |  | | | |  | |
| Contact Number |  | | | | | | | | | | | | | | | | | | | | | |
| CNIC No. (Please attach a copy of CNIC) |  |  | |  |  | |  | **-** | |  |  |  | |  |  |  | |  | | **-** | |  |
| Address of Instructor |  | | | | | | | | | | | | | | | | | | | | | |
| **Qualification** | **Institute** | | | | | | | | | | | | **Passing Year** | | | | | | **Copy of Highest Degree Attached (Yes/No)** | | | |
|  |  | | | | | | | | | | | |  | | | | | |  | | | |
| **Work Experience** | | | **Name of Organization** | | | **Designation** | | | | | | | **Responsibilities Assigned** | | | | | | **Years** | | | |
| **From** | | | **To** |
| Industrial / professional experience related to the proposed trade | | |  | | |  | | | | | | |  | | | | | |  | | | |
| Teaching / training experience related to the proposed trade | | |  | | |  | | | | | | |  | | | | | |  | | | |

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

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

**Signature of Trainer**

***Note: Please attach copy of Highest Degree mentioned in CV and Copy of Experience Certificates. Current Employment Letter must be attached showing the duration of current employment and Designation within the organization. Trainer must be present during facility inspection.***

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 three-month course, maximum number of batches over the duration of six months can be 2; similarly, for a six month course, maximum number of batches can be 1.*  [↑](#footnote-ref-1)