

Technical Proposal Form

SKILLS FOR SELF-EMPLOYMENT 2020

|  |  |
| --- | --- |
| **Name of Training Provider** |  |
| **Name of Trade*****(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 Self-Employment 2020

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 SELF-EMPLOYMENT 2020****: 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. training premises, Availability of Tools & Equipment, past experience of Training,**  |
| **PART C:**  | **Capacity of the Organization to Deliver** |
| **PART D:**  | **Declaration** |
| **PART E:**  | **Check List** |
| **Annexure A:**  | **CV Format** |
| **Annexure B:** | **Ustaad CV Format** |
| ***Note:*** * *All parts are to be filled in using the attached Forms****.***
* ***Hand written 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. Self-Employment of Trained Persons**

|  |  |
| --- | --- |
| Is your organisation commits to ensure 50% of self-employment of the trained persons? | [ ]  Yes |
| [ ]  No |

Organisation will be disqualified in case it is not willing to commits to 50% self-employment target

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | Target Trainee(1) Male Only(2) Female Only(3) Both  |
| (A) | (B) | (C) | A X B X C |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Grand Total |  |  |

Note: Please use a separate row for each proposed training location (*Refer to Invitation Letter for Shortlisted Locations*). Insert more rows if required.

**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 | Facilities Available in the training location | Generator/ UPS | [ ]  |
| Reception Area | [ ]  |
| Drinking Water Facility | [ ]  |
| Library with Books | [ ]  |
| Cafeteria | [ ]  |
| Additional Bathroom | [ ]  |
| Parking Space | [ ]  |
| B 3.2 | 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)  | [ ]  |
| **Practical Area Details (Location 1)** |
| B 3.3 | Availability of the Critical[[2]](#footnote-2) Equipment | ☐Fully Equipped Lab (100%)☐ Partially equipped workshop/lab available (85-100%) |
| B 3.4 | **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 |   |   |   |
| B 3.5 | All tools & equipment mentioned above are under ownership of Training Provider? | [ ] Yes [ ]  No |

**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.**

**B 4. PAST EXPERIENCE OF TRAINING:**

* Mention one best 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.

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Indicator** | **Project Details** |
| **B 4.1** | *Write Either* * Scheme Name *(In case course was funded by PSDF)*

 *OR* * Not Applicable (*In case course was not funded by PSDF)*
 |   |
| **B 4.2** | Funding Source: (*Write Any one of below)** PSDF
* Other (*Mention Funding Source*)
* Fee Charged from Trainee
* No Fee Charged
 |   |
|
|
| **B 4.3** | Is the Proposed Course? *(Write Either)** Same / Similar
* Not Relevant
 |  |
| **B 4.4** | 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 4.5** | Total Number of Trainees Trained |  |
|
| **B 4.6** | Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |  |
| **B 4.7** | 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* |  |

**PART C: Capacity of the Organization to Deliver**

Provide the following CVs on the provided format (**Annexure A, B & C**):

* **Trainer(s)** for each training location
* **Skills Expert(s)** (1 for a group of 4-5 students)\*
* **Business** details for work attachment

**\* For each class of 25 trainees, a minimum of 5 CVs of skills expert is required.**

**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’**  |
|  | Trainer(s) CVs | Annexure A |  |
|  | Copy of Highest Degree, Current & Previous Employment Letter of Trainer. | Annexure A |  |
|  | Skills Expert CVs | Annexure B |  |
|  | Copy of Experience Letters | Annexure C |  |
|  | Business Information for Work Attachment | Annexure C |  |
|  | Legal Status Document & NTN/ FTN Certificate | Annexure C |  |
|  | Agreement with Businesses  | Annexure D |  |
|  | Documentary Evidence of Claimed Past Experience (for non PSDF funded courses) | B 4.11 |  |
|  | Declaration signed by Head of Organisation/Authorised Person  | Part D |  |
|  | Vendor Form | Annexure E |  |

**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** |   |
| **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) \*** |
|   |   |   |   |
|   |   |   |   |
| **Previous Work Experience**  |
| **Name of Organization** | **Is the Experience of (Professional Industry / 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.

* Copy of Highest Degree, Current Employment Letter and Copy of Previous Work experience must be attached.
* Recent picture is mandatory
* It is encouraged to submit 1 best CVs for each location.

**ANNEXURE B**

Skills Expert (**CV FORMAT)**

|  |  |
| --- | --- |
| **Name of Training Provider** |   |
| **Name of Business** |   |
| **Address of Business** |  |
| **Personal Data** |
| **Name of Person** |   |
| **Contact Number** |   |
| **CNIC Number** |   |
| **Work Experience (Current & Previous Employment Information)** |
| **Experience in Trade** | **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.

* Copy Current Employment Letter and Copy of Previous Work experience must be attached. In case skills expert has 5 years of working experience with the current employer, same should be mentioned on employment letter.
* For each class of 25 trainees, a minimum of 5 CVs of skills expert is required.

**ANNEXURE C**

Information about Businesses for Work Attachment

The business should fulfil all the below criteria;

* Must be a registered entity
* NTN/FTN Certificate in the name of the business
* Must be operational for at least 3 years (will be verified through NTN)
* Must have enough active sites to engage allotted trainees with experts at different sites
* Business must also provide list of active sites that the trainees will be engaged in during training and post training with skills experts

| **Code** | **Required Information** | **Response** |
| --- | --- | --- |
| 1 | Legal Name of Business |  |
| 2 | Year of Registration / Establishment (as per NTN) |  |
| 3 | What is the legal status of your Business? (Attach Copy/Copies of Registration Certificate/s) |  |
| 4 | Valid NTN/FTN Certificate in the name of the organisation  | NTN/FTN Number\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 | Name of Head |  |
| Designation |  |
| Email |  |
| Mobile numbers |  |
| Postal address |  |
| 6 | List of active sites, please also mention detail address  | 1) |
| 2) |
| 3) |
| 4) |
| 7 | List of skills experts and area of expertise | 1) |
| 2) |
| 3) |

Please add more rows as per requirement

Please paste above table to provide information for all businesses engaged for work attachment

**ANNEXURE D**

**Agreement (separate for each business engaged)**

(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]***, having its Principal office at *[address of organization, city]*, through *[name and designation of head of organization]* (hereinafter referred to as the business partner)

 (hereinafter referred to as the **“business partner”** 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 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**

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

**THEREFORE, NOW, THE BUSINESS PATNER ACKNOWLEDGE AND UNDERTAKE AS FOLLOWS**:

1. That **BUSINESS PATNER** 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** partner leaves the Agreement, the Lead Organization shall immediately inform PSDF
4. That **BUSINESS PATNER** hereby holds the PSDF indemnified and harmless in case of any loss occurred due to any act of the Agreement.

**Lead Organization** **Business 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Annexure E- Vendor Form**

|  |
| --- |
| **Business Information** |
| Business Name |  |
| Postal Address  |  |
| City |  |
| PTCL No. |  |
| Fax No. |  |
| NTN No. |  |
| STRN / PNTN |  |
| **Bank Information** |
| Bank Name |  |
| Account Title |  |
| Account No. |  |
| Branch Code |  |
| Branch Address |  |
| **Contact Person Information** |
| Contact Person Name |  |
| Designation |  |
| Mobile No. |  |
| E-mail |  |

**Note:** Submit Vendor Form on company’s letterhead duly signed by the Head of Organisation.

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)
2. Without with the overall training cannot be commenced. These will be decided by PSDF. [↑](#footnote-ref-2)