**National Divyangjan Finance and Development Corporation**
**DLF Prime Tower, Unit No. 11 & 12, Okhla Phase, New Delhi-110020**
**Email: nhfdc97@gmail.com , Website: www.ndfdc.nic.in**

# Expression of Interest

## Empanelment of Training Providers (TPs) for Skill Training of Persons with Disabilities under CPSE CSR

National Divyangjan Finance and Development Corporation (NDFDC), Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India, invites applications from eligible Training Providers to conduct short-term skill training for **Persons with Disabilities (PwDs)** across India. Training should lead to wage employment or self-employment. Proposals for Aspirational Districts are encouraged.

**Last Date for Submission of Applications:** Last Date for Submission of Applications is 30 November 2026, up to 5:00 PM.

The empanelment shall remain valid for a period of three years from the date of issuance of the empanelment order. However, the continuation of empanelment and allocation of further training targets shall be subject to the Training Provider's performance during the annual review, including training completion, placement, placement retention, and other relevant performance parameters. **Empanelment does not guarantee the allocation of work or funding.**

NDFDC can also empanel more Training Partners in future as per its decision/requirement during aforesaid period. These empanelled Training Partners may also be engaged for skill development programmes for PwDs, other than CSR projects, as per NDFDC's requirement and applicable policy/guidelines.

## 1. Eligibility Conditions/Criteria

The applicant agency must meet the following conditions on the closing date:

i. Be a Government institution or an entity registered in India for more than three years, such as a company, society, trust or registered association.

ii. The Applicant Agency must have trained at least 200 Persons with Disabilities (PwDs) in total during the three financial years FY 2023–24, FY 2024–25 and FY 2025–26, with each PwD counted only once across the entire period. Further, the applicant agency must have conducted skill training in each of these financial years under a Central Government, State Government or Public Sector Undertaking (PSU) programme. For the purpose of defining eligibility, only those PwD candidates who have completed at least 200 hours of training in an NSQF-aligned and NCVET-approved course shall be counted.

iii. The Applicant Agency must submit project completion certificates issued by the Central Government, State Government or Public Sector Undertakings (PSUs) as proof of having conducted the required skill training. If project completion certificates are not available, the Training Provider shall submit copies of sanction orders or work orders, training completion or assessment reports, or valid trainee certificates issued by NSDC, NCVET, the relevant Sector Skill Council (SSC) or SCPwD, as applicable.

iv. The Applicant Agency must have at least one functional and accessible training centre equipped with suitable equipment and qualified trainers for PwDs, in accordance with the applicable SCPwD/NSDC norms for training Persons with Disabilities (PwDs). The Training Provider shall deploy trainers certified under the Training of Trainers (ToT) programme and holding valid Domain and SCPwD certificates, who must be on the rolls of the Training Provider throughout the training period.

v. Holding PAN and GST registration and provide the financial records listed in the checklist. The Government turnover exemption is explained in **Annexure-B**.

vi. Not be prohibited from the proposed assignment by an operative Government or public-sector blacklisting or debarment order. Disclose past orders and pending proceedings in **Annexure-F**.

vii. Average annual turnover of the Applicant Agency for the last three financial years, i.e., FY 2023–24, FY 2024–25, and FY 2025–26, shall be at least Rs.25 lakh. Attach certificate as per **Annexure-G**.

## 2. Assessment of Applications

NDFDC shall verify the eligibility of applicants, scrutinise the submitted documents, and award marks in accordance with **Annexure-B**. The minimum qualifying score shall be 70 out of 100. No marks shall be awarded for claims that are not supported by adequate documentary evidence.

NDFDC may, at its discretion, seek clarifications, verify information with employers or trainees, and inspect the training centre(s) directly or through its nominated representative(s) or Authorised agency(ies). The Applicant Agency shall provide all necessary cooperation, records, and access for such verification or inspection.

Any clarification sought or provided shall not be used to establish eligibility after the prescribed deadline or to introduce any new claim for scoring purposes.

## 3. Information to be submitted

Fill all the attached forms. Type directly in Word or print and write clearly. Tick the relevant boxes and use DD/MM/YYYY for dates. Write “Nil” or “Not applicable” where appropriate. Add rows or signed continuation sheets if needed.

Existing lists, reports, employer certificates and bank mandates are acceptable if they contain the required information.

## 4. Training and placement records

The Applicant Agency shall submit the Project Completion Certificate. In its absence, the Applicant Agency shall submit supporting documentary evidence, such as sanction/work orders, training completion and assessment reports, and valid trainee certificates issued by NSDC/NCVET/SSC/SCPwD, as applicable, subject to verification and acceptance by NDFDC.

Use **Annexure-C1** for the three-year summary. Use **Annexure-C2** for placement details.

A placement must commence after completion of training and within 90 days of the training completion date. Count actual wage employment supported by joining and salary records or employer confirmation. Count self-employment supported by actual activity and income records. An offer letter, business proposal or loan sanction alone is insufficient. Count each placed person only once under either wage employment or self-employment.

NDFDC will calculate the combined placement percentage from total placed candidates divided by total qualifying training completers. Start dates, end dates and verification dates will be used for this purpose. Details of placements achieved under three-month and six-month retention periods are required for disclosure purposes only and shall not constitute additional eligibility criteria for empanelment.

## 5. Placement verification sample

Submit employer verification in **Annexure-D1** for at least 5% of reported wage placements and **Annexure-D2** for at least 5% of reported self-employment cases. Round each sample up to the next whole person. For example, 41 wage placements require three verifications. No sample is needed for a category with no placements. Cover the reporting years and principal employers or activities. NDFDC may verify further cases.

## 6. Submission of Application

The duly completed and signed application, along with **Annexures A1, A2, B, C1, C2, D1, D2, E, G, H and I**, self-certified copies of all prescribed annexures, supporting documents, shall be submitted in a sealed envelope. Additionally, **Annexure-C2** shall be provided in Excel format on a pen drive enclosed in the same envelope. The sealed envelope shall be addressed and marked as **"Application for Empanelment of Training Providers for Skill Training of Persons with Disabilities (PwDs) under CPSE CSR"** may be sent so as to reach by 30th Nov'2026 (5:00 PM) to **Chief Manager (Skill Training), NDFDC, Unit Nos. 11–12, DLF Prime Tower, F-79–80, Okhla Phase I, New Delhi 110020**.

Late received applications will not be considered. No application fee is prescribed. NDFDC reserves the right to extend the last date of submission of applications, if needed. The same will be notified on its website.

## 7. Trainees and training delivery

The empaneled TPs will be sanctioned project(s) to impart skill traiing to eligible trainees. Eligible trainees must be Indian citizens with a certified disability of 40% or more, possess a valid UDID card, and be aged between 15 and 50 years as on the course application closing date. They must possess at least the minimum qualification prescribed under the applicable NSQF/NQR.

The Applicant Agency shall obtain each trainee's declaration of not having undergone Government- or PSU-funded skill training during the preceding two years and submit a duly signed batch certificate to this effect. For trainees below 18 years, written guardian consent shall be obtained, and lawful, safe, and age-appropriate training arrangements shall be ensured.

TPs would need to start training within 45 days of the work order. Use approved courses, centres and qualified trainers. Replace a departing trainer within seven days, obtain NDFDC's approval before deployment and recover missed instructional hours. Do not run sessions without a qualified trainer.

**8. Attendance**: The Applicant Agency shall ensure Aadhaar-based attendance of all trainees on each day of training.

## 9. Monitoring and responsibility

Provide CCTV recording and secure authorised remote access for teaching and practical areas, excluding toilets, changing areas and private accommodation. maintain end-to-end CCTV surveillance at the Training Centre. Remote access to the CCTV system shall be provided to NDFDC or its Authorised agency/representatives to facilitate real-time monitoring and verification of trainee attendance and training activities.

## 10. Prohibition of Outsourcing

Subletting, outsourcing, franchising, or subcontracting the sanctioned skill training programme, either wholly or partially, is strictly prohibited. Any violation shall result in the immediate cancellation of empanelment/training sanction, recovery of disbursed funds, and further legal actions deemed appropriate by NDFDC, including blacklisting.

## 11. Placement and payment

At least 70% of each batch's Trainees would need to be placed in actual wage employment or self-employment within 90 days of completion of skill training.

A candidate will count towards the final target only after completing six months of continuous work or livelihood activity. Job changes are allowed only if there is no break and records are available. Monthly reports and final proof must be submitted within 30 days of the last candidate completing six months.

The final placement-linked installment will be released only after the placement and six-month retention requirements have been fulfilled and verified by NDFDC. If these conditions are not met, the installment will remain withheld.

## 12. Force Majeure

Neither party shall be liable for delay or failure arising from events beyond reasonable control, including natural disasters, pandemics, government restrictions, civil disturbances or prolonged failures of public infrastructure.

## 13. Review and noncompliance

NDFDC may suspend or cancel assignments or empanelment for false records, prohibited outsourcing, noncompliance or poor performance of Applicant Agency.

**14.** NDFDC reserves the right to increase or decrease the minimum qualifying score required for empanelment.

**15.** The Applicant Agency shall submit copies of the MoUs executed with employers or placement agencies for which marks are claimed, as specified in **Annexure-H**.

## 16. Authorization of Signatory

The EOI application and all documents submitted in connection with this EOI shall be signed by the authorized signatory of the Applicant Agency, who shall be duly authorized to sign and submit the application and to represent the Applicant Agency in all matters relating to this EOI. In the case of a company, such authorization shall be supported by a Board Resolution or a valid Power of Attorney/authorization issued by the competent authority of the company. In the case of a society, trust, registered association or other entity, the authorization shall be issued by its Governing Body, Managing Committee, Board of Trustees or other competent authority, as applicable, in accordance with its governing documents. Government institutions shall submit authorization issued by the competent authority, wherever applicable. A copy of the relevant Board Resolution, Power of Attorney or other valid authorisation document, as applicable, shall be enclosed with the EOI application. The authorised signatory shall sign all prescribed application forms, declarations, undertakings and other documents submitted by the applicant agency. Applications not signed by a duly authorised person, or not accompanied by the requisite proof of authorisation, may be rejected by NDFDC.

**17.** In case of any corrections/amendments in the EoI, the same will be notified through NDFDC's website only. Applicant TPs are requested to regularly visit our website**,** including before submitting their application.

## 18. Documents to attach

The Applicant Agency shall tick the documents enclosed with the application and indicate the corresponding page number(s) on which it is attached with application. Where one attachment supports more than one item, give its reference once and cross-reference it. Keep a copy of the submitted application.

| Tick | Document | Page number(s) |
|---|---|---|
| ☐ | Annexure-A1 & Annexure-A2 duly filled and signed application | |
| ☐ | Registration or Government establishment document and signatory authorisation | |
| ☐ | PAN certificate | |
| ☐ | GST certificate | |
| ☐ | Work orders and completion records supporting all three years of experience | |
| ☐ | Annexure-C1 & Annexure-C2 summary, batch trainee lists and placement lists<br>*(Annexure C2 shall additionally be submitted in Excel format on a pen drive enclosed in the application envelope.)* | |
| ☐ | Annexure-D1 & Annexure-D2 verification samples with supporting evidence | |
| ☐ | Annexure-E: for each centre, with photos, premises proof and trainer credentials | |
| ☐ | Annexure-F: Declaration and disclosures, if any | |
| ☐ | Annexure-G: CA certificate and three years' audited statements, or Government exemption records | |
| ☐ | Annexure-H: Employer or placement-agency MoUs claimed for marks | |
| ☐ | Evidence of outreach activities during FY 2024–25 and FY 2025–26 | |
| ☐ | Enclosure-I: bank details and cancelled cheque or bank certificate | |

NDFDC can also empanel more Training Partners in future as per its decision/requirement during aforesaid period. These empanelled Training Partners may also be engaged for skill development programmes for PwDs, other than CSR projects, as per NDFDC's requirement and applicable policy/guidelines.

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure-A1: Application form

Applicant Agency shall furnish the requisite information in **Annexure-A1**, provide details of its training centres only in **Annexure-E**, and submit details of training conducted during the preceding period only in **Annexure-C1**.

**a. Name of Applicant Agency**

_____

**b. Type of Applicant Agency** ☐Government institution ☐Company ☐Society ☐Trust ☐ Other

If Other (please specify) _____

**c.** Registration or establishment number _____

Date of registration or establishment _____

**d. Registered office address**

_____

_____

**e.** PAN No. _____

GST No. _____

**f.** Official email _____

Telephone and website if any _____

**g.** Authorised contact person name and designation _____

Mobile number and email _____

**h.** Year skill training started _____

**i. Main Government or PSU training programmes handled**

_____

**j. Government turnover exemption claimed** ☐Yes ☐No

If Yes, attach the establishment, control or nodal designation order. Receipt of a grant or work order alone does not establish exemption.

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure-A2: Proposed training and declaration

Applicant Agency shall furnish the requisite details of its indicative project proposal in **Annexure-A2**. Detailed batch-wise plans shall be finalized separately upon sanction of the project. Additional rows may be added, as necessary.

| State and district | Centre name as per annexure-E | Course or job role | Proposed trainees | Disability categories |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Note: Additional rows may be added, if required.

**How will you identify and select suitable trainees on sanction of a project of skill training**

_____
_____
_____
_____
_____
_____

**How will you help trainees get jobs or start a self-employment activity**

_____
_____
_____
_____
_____
_____
_____

(Five or Seven sentences for each answer are sufficient. There is no minimum word limit.)

**Declaration**

I am authorised to apply on behalf of this Applicant Agency. The information and attachments are true and supported by records. Candidate records are not duplicated. We have obtained consent for the verification of candidate details and will provide records when requested.

We accept the EoI conditions, including the conditions applicable after project sanction. We understand that empanelment does not guarantee work. Our blacklisting and debarment status is disclosed in **Annexure-F**. We will promptly inform NDFDC of any material change.

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure-B: Evaluation by NDFDC

Applicant Agency need not fill in this page or compute marks. The evaluation shall be undertaken by NDFDC on the basis of verified records. A minimum score of 70 out of 100 shall be required for qualification. However, NDFDC reserves the right to increase or decrease the minimum qualifying score for empanelment.

| Sr.No | Parameter | Marks awarded | Max |
|---|---|---|---|
| 1 | Available concurrent capacity and centre accreditation | 2 marks per available batch of 30 trainees (maximum 10 marks), plus 3 marks for one valid, functional PMKVY /SMART/SCPwD-accredited centre, respectively. | 15 |
| 2 | Average annual turnover of the Applicant Agency | Below ₹25 lakh: 0; ₹25–50 lakh: 9; ₹50–75 lakh: 12; above ₹75 lakh: 15. | 15 |
| 3 | Skill training experience (Use completed years to the deadline.) | 3–5 years: 9; 5–7 years: 12; more than 7 years: 15. | 15 |
| 4 | Annual average qualifying PwDs trained (Three-year total divided by 3) | Below 200: 0; 200–300: 10; 300–400: 15; above 400: 20. | 20 |
| 5 | Combined historical placement percentage | Below 40%: 0; 40–60%: 10; 60–70%: 15; above 70%: 20. | 20 |
| 6 | Valid employer or placement-agency MoUs(Count distinct counterparties with more than one year remaining after 30 November 2026.) | None: 0; 1–3: 5; 4 or more: 10. | 10 |
| 7 | Job outreach during FY 2024–25 and FY 2025–26 (Attach evidence of distinct camps, fairs or industry visits.) | No activity: 0; 1–3 activities: 3; 4 or more: 5. | 5 |
| | Total | | 100 |

Capacity must be available after existing commitments, with adequate rooms, equipment and trainers. Do not count shared resources twice. Only functional centres count. Turnover below ₹25 lakh affects marks, not eligibility. Do not round averages or percentages before selecting a band.

Government institutions and eligible Government-controlled or designated organisations may be exempted from turnover scoring upon submission of documentary proof. Their scores on the remaining six parameters (85 marks) shall be normalized to 100 by multiplying by 100/85. No automatic turnover marks shall be awarded.

## Annexure-C1: Summary of Training and Placement of Persons with Disabilities (PwDs)

Applicant Agency shall furnish the Training and Placement Summary in **Annexure-C1**. Calculation of percentages is not required. The information shall be restricted to the defined reporting period, and each candidate shall be counted only once.

Applicant Agency name _____

| Financial year | Enrolled | Trained | Certified | Wage employed | Self employed |
|---|---|---|---|---|---|
| 2023–24 | | | | | |
| 2024–25 | | | | | |
| 2025–26 | | | | | |
| Total | | | | | |

i. "Trained" means a PwD candidate who has completed at least 200 hours of qualifying skill training in an NSQF-aligned and NCVET-approved course shall be counted.

ii. The Applicant Agency must have trained at least 200 Persons with Disabilities (PwDs) in total during FY 2023–24, FY 2024–25 and FY 2025–26 under programmes of the Central Government, State Government or Public Sector Undertakings (PSUs).

iii. Wage-employed and self-employed candidates shall be reported separately based on the year of course completion. The reported figures must match the candidate-wise lists, and the Applicant Agency shall maintain supporting records and obtain candidate consent for verification.

iv. The Applicant Agency shall submit project completion certificates as proof of training. If unavailable, sanction/work orders, training completion or assessment reports, or valid trainee certificates issued by NSDC, NCVET, the concerned SSC or SCPwD may be submitted, as applicable.

Name and designation of Authorised Signatory:
_____

Signature and seal: _____ Date and place: _____

## Annexure-D1: Employer confirmation of PwDs

Applicant Agency shall furnish the information required under **Annexure-D1**: Employer Confirmation of Persons with Disabilities (PwDs) solely for the purpose of wage-employment verification. Such confirmation shall be submitted on the employer's letterhead or through an existing signed employer certificate containing the prescribed details. A single employer may provide confirmation for more than one candidate.

Employer name _____

**Office or work location**

_____

Training Provider _____

Employer contact person and designation _____

Official email and telephone _____

Date on which employment status was verified _____

| ID and name | Job or designation | Joining date | End date or Continuing | Monthly gross salary ₹ |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: Additional rows may be added, if required.

We confirm from our employment records that these candidates were employed as stated. "Continuing" means employed on the verification date above. Where employment ended, the actual end date has been given.

Name and designation of employer's authorised signatory:

_____

Signature and employer seal: _____ Date: _____

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure-D2: Self-employment confirmation of PwDs

Applicant Agency shall submit **Annexure-D2:** Self-Employment Confirmation of Persons with Disabilities (PwDs) for self-employment verification. The confirmation shall contain the prescribed details and may be provided through a signed declaration or an existing verification report.

For the self-employment verification sample, the Applicant Agency shall complete one sheet per sampled candidate or attach an existing verification report containing the required details.

Applicant Agency _____

ID and name _____

Candidate contact number _____

Period of Training (start date) to (end date) _____

**Business or livelihood activity and location**

_____

Actual start date _____

Approximate monthly income in rupees _____

**Evidence checked such as receipts sales records or relevant bank credits**

_____

A loan sanction or business registration alone is insufficient evidence of actual activity and income.

Candidate: I confirm that the details above are correct and consent to verification for this application.

Candidate name & contact number

Signature: _____

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

(Sample required: 5% of reported self-employed candidates, rounded up.)

**Annexure-E**

TRAINING CENTRE DETAILS

(To be submitted separately for each Training Centre)

**1. Applicant Agency Details**

| | |
|---|---|
| Applicant Agency Name | |

**2. Training Centre Name**

| | |
|---|---|
| Training Centre Name | |

**3. Training Centre Details**

| | |
|---|---|
| Centre ID / Code (if any) | |
| Complete Address | |
| Address Line 2 / Landmark | |
| District / City | |
| State / UT | |
| PIN Code | |
| Centre Head / Principal | |
| Contact Number | |
| Email ID | |
| Ownership of Premises | ☐ Owned ☐ Rented / Leased<br>(Copy of ownership proof, rent agreement, or lease agreement must be attached.) |
| Centre Status | ☐ Functional ☐ Non-functional |
| Area Classification | ☐ Urban ☐ Rural |
| Type of Building | ☐ School ☐ College ☐ ITI ☐ Polytechnic<br>☐ Private Institute ☐ Other: _____ |
| Total Carpet Area (Sq. Ft.) | |

**4. Training Infrastructure**

| Particulars / Facility | Yes / No | Remarks / Details |
|---|---|---|
| Internet / network facility available | ☐ Yes ☐ No | |
| Adequate power supply / backup available | ☐ Yes ☐ No | |
| Aadhaar-based / biometric attendance system available | ☐ Yes ☐ No | |
| CCTV camera with recording facility available | ☐ Yes ☐ No | |
| CCTV feed transmission facility available | ☐ Yes ☐ No | |

**5. Accessibility for PwDs**

| Particulars / Facility | Yes / No | Remarks / Details |
|---|---|---|
| Accessible entrance / ramp available | ☐ Yes ☐ No | |
| Accessible movement within the Centre | ☐ Yes ☐ No | |
| Lift available, where required | ☐ Yes ☐ No ☐ Not Applicable | |
| Accessible toilet available | ☐ Yes ☐ No | |
| Classroom(s) accessible to PwDs | ☐ Yes ☐ No | |
| Laboratory / practical area accessible to PwDs | ☐ Yes ☐ No | |
| Signage Available | ☐ Yes ☐ No | |
| Communication/ Digital Accessibility | ☐ Yes ☐ No | |

**6. Classroom Details**

| Sr. | Classroom No./Name | Area (Sq. Ft.) | Capacity (No of PwDs) | PwD Accessible (Yes/No) | CCT V (Yes/No) | Job Role(s) | Disability Categories Covered (LD/SH/VI/ID) | Remarks |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

**7. Laboratory Details**

| Sr. | Lab No./Name | Lab Type (Domain /IT) | No. of Computers / Equipment | Area (Sq. Ft.) | Capacity (No of PwDs) | PwD Accessible (Yes/No) | CCTV (Yes/ No) | Job Role (s) | Disability Categories Covered (LD/SH/VI / ID) | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |

**8. Basic Centre Facilities**

| Particulars / Facility | Yes / No | Remarks / Details |
|---|---|---|
| Reception area available | ☐ Yes ☐ No | |
| Counselling area available | ☐ Yes ☐ No | |
| Placement / career support area available | ☐ Yes ☐ No | |
| Safe drinking water available | ☐ Yes ☐ No | |
| Washrooms are clean and hygienic | ☐ Yes ☐ No | |
| Housekeeping / cleanliness arrangement available | ☐ Yes ☐ No | |
| First Aid Kit available | ☐ Yes ☐ No | |
| Fire-fighting equipment available | ☐ Yes ☐ No | |
| Fire safety / emergency instructions displayed | ☐ Yes ☐ No | |
| Emergency contact numbers displayed | ☐ Yes ☐ No | |
| Adequate lighting and ventilation available | ☐ Yes ☐ No | |

**9. Documents / Photographs to be Attached**

| Document / Photograph | Attached (Yes/No) | Remarks |
|---|---|---|
| Centre photographs – exterior, classrooms, labs and accessibility facilities | ☐ Yes ☐ No | Photographs of the centre, including accessibility facilities, must be attached. |
| Relevant centre validation / accreditation certificate, if applicable | ☐ Yes ☐ No | Copy of the centre validation / accreditation certificate must be attached, wherever applicable. |

10. Certification by Applicant Agency

I certify that the above information relating to the Training Centre is true and correct and that the facilities stated above are available at the Centre.

| | |
|---|---|
| Name of Authorised Signatory | |
| Designation | |
| Date / Place | |
| Signature with Official Seal | |

## Annexure-F: Non blacklisting declaration

(Please submit the document on the Applicant Agency's letterhead.)

Applicant Agency name _____

**Is there any current blacklisting or debarment order** ☐Yes ☐No

If Yes, attach the order and explain whether it prohibits participation in this training assignment. An operative order that prohibits participation and makes the applicant ineligible.

**Any past order or pending proceeding to disclose** ☐Yes ☐No

**If Yes give authority reference period and present status**

_____

_____

_____

Attach relevant orders or notices. If No, write "Nil" above. A past expired order or pending proceeding does not by itself cause automatic disqualification; NDFDC will assess the facts.

**Declaration**

I am authorised to make this declaration. I confirm that the information above is true and complete and that no relevant order or proceeding has been withheld. We will promptly inform NDFDC of any change affecting eligibility.

I understand that false information or concealment may lead to rejection, cancellation or other action under the EoI after the applicable procedure.

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure-G: Turnover certificate

To be completed by a practicing Chartered Accountant. An Applicant Agency claiming the Government turnover exemption in **Annexure-B** should instead attach the relevant Government order, latest available audited accounts and an authorised statement of financial support.

Applicant Agency name _____

I/We have verified the following turnover figures from the Applicant Agency's audited financial statements and books of account.

| **Financial year** | **Turnover from operations ₹** |
|---|---|
| 2023–24 | |
| 2024–25 | |
| 2025–26 | |
| Total | |
| Average annual turnover being total divided by 3 | |

Use the Applicant Agency's total turnover from operations, not only its skill-training turnover.

Chartered Accountant name and firm _____

Membership number and Firm Registration Number _____

UDIN _____

CA signature and seal: _____ Date and place: _____

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

## Annexure–H: Summary of Employer/Placement Agency MoUs Claimed for Marks

**Details of Employer/Placement Agency MoUs**

| Sl. No. | Name of Employer/Placement Agency | Type of Organisation (Employer/Placement Agency) | MoU Number and Date | Validity of MoU | Sector/Job Roles Covered | Placement Commitment, if any (No. of Candidates) | Page No. of Supporting Documents |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

*Additional rows may be added, wherever required.*

Name and designation of Authorised Signatory:
_____

Signature and seal: _____ Date and place: _____

## Enclosure-I: Bank details

The Applicant Agency shall complete this form. An existing bank-verified mandate containing the required details may also be submitted. The bank account must be in the Applicant Agency's name. A cancelled cheque or bank certificate must be attached as supporting evidence.

Applicant Agency name _____

Bank account holder name _____

Bank name _____

**Branch and address**

_____

Account number _____

**Account type** ☐Current ☐

Savings IFSC _____

MICR if available _____

We authorise NDFDC to remit admissible payments to this account and will give a fresh verified mandate if these details change.

Name and designation of Authorised Signatory:

_____

Signature and seal: _____ Date and place: _____

**Bank confirmation**

We confirm the account holder name, account number and IFSC stated above. Bank official name and designation _____

Branch contact number _____

Bank official signature and branch seal: _____ Date: _____