

**Furniture & Fittings Skill Council
Training Partners Affiliation for Non-PMKVY**

**Application Form
Year - 2018**

Name of Vocational Training Partner:

.....

Complete Address:

.....

.....

.....

Date of Submission:

.....

1. Name of the Institution : _____

2. Has your Institute implemented any government funded or sponsored skill development Programme during the last 2 year : Yes / No *(If yes, please attach the details)*

3. Has your Institute been funded by NSDC / is your institute a NSDC Partner : Yes / No *(If Yes, please attach details)*

4. Application for Affiliation for the following Job-roles *(please refer to the attached list of Job-roles):*

	Skill Centers <i>(address)</i>	Year of Establishment	Turn-over of the Centre (Rs. in lakh)	Medium of Instruction in the Skill Centre	Job-roles for which Affiliation is Sought <i>(please refer to the attached list of Job-roles)</i>
1					
2					
3					
4					
5					

Section 1: Institution and Management Profile and Organizational Governance

1. Name/s and contact detail of the Institute Director/s:

Name _____ Designation: _____
 Phone _____ Mobile: _____
 Fax _____ Email: _____

2. Name/s of Promoters : _____

3. Contact Details of the Institute : Postal Address _____
 (Headquarters/Corporate office) _____
 Phone _____
 Fax _____
 Email _____
 Web-address _____

4. Details of the Affiliation Coordinator of the VTP:

Name _____ Designation: _____
 Phone _____ Mobile: _____
 Fax _____ Email: _____

5. Year of Establishment : **(Please attach Registration Certificate)**

6. Institute prior experience in Skill Development

Experience - Number of Years	Sector
	Hotels/ Restaurants/Tourism/Facilities Management

7. Number of Trainees Passed out in last 3 years

Year	Number of Students passed
Year 1	
Year 2	
Year 3	

8. Is the Institute Recognized with Any Body, If Yes, Please mention the following (**Please attach Copy of Recognition certificate**) :

1. Name of the Body with which recognized: _____
2. Recognition No. : _____
3. Year of Recognition: _____
4. Validity of Recognition: _____

9. Educational Qualifications and Experience of the Director/s and the Management Team members:

Name of the Director/ Management Team Members	Educational Qualifications	Overall Work Experience (in years)	Prior Experience in the Skills Training Space	Key Achievements in the Skills Development
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

10. Educational Qualifications and Experience of Promoter(s):

Name of the Promoters/ Management	Educational Qualifications	Overall Work Experience (in years)	Promoters / Management of VTPs having Hospitality/Tourism/Facilities Management Background	Prior Experience in the Skills Training Space
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

11. Does your Institution have a "Mission Statement"?

Yes No

If Yes, ***please enclose the Mission Statement***

12. Does your Institution have as "Operations Manual"?

Yes No

13. If Yes, please certify if your “Operational Manual” cover the aspects mentioned below in the table.

Please note: At the time of affiliation assessment, the Operations Manual will have to be presented for Physical verification.

Aspect	Yes / No	Remarks
Background of the Institution		
Organization Structure		
Details of other Affiliations, if applicable		
Industry Linkages		
Profile of Senior and Middle Management		
Profile of trainers		
Details of Infrastructure, workshop, store etc.		
Process of internal evaluation		
Placement cell details and its placement tracks		

14. Does your Institution have “HR Policy and Recruitment Guidelines”? (*Please attach a copy*)

Yes No

15. Does your Institution have “Visitor Register”? (*To be produce during physical assessment*)

Yes No

16. Does your Institution have “Stock Register”? (*To be produce during physical assessment*)

Yes No

17. Does your Institution have “Attendance Register for Staff and Teachers”? (*To be produce during physical Assessment*)

Yes No

Section 2: Financial Performance

18. PAN No. and TAN No. of the Institute: (*Please attach photocopy of the PAN card and last IT return*)

PAN NO.	
TAN NO.	
GST NO.	

19. Turnover of the Institute : *(Please attach Audited balance sheet of last 3 years & Bank details)*

Year	Turn-over (Rs.)

20. Average Turnover of the Institute last 3 years.

Average Turn-over in last 3 Years	(Rs.)

21. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source? *(please attach details of the grants received in last 3 years)*

Year	Grant Received (Rs.)

22. Revenue from paid module / courses *(Please add columns as per your needs)*

Course	Year	Revenue from the Course

Section 3: Training Methodology

23. Does your Institution have “Trainees / Students Attendance Register and Placement Register”?
(To be produce during physical assessment)

	Yes	No
Students Attendance Register		
Students Placement Register / Record		

24. Does your Institution conduct Career / Vocational Guidance Counseling before enrolling Students?

	Yes	No
Students Career Guidance Counseling		

25. Does your Institute take Aptitude Test before enrolling students?

(To be produced during physical assessment)

	Yes	No
Aptitude Test for Students		

26. Does your Institute have on-line admission facility? *(Please give details of the web-link)*

	Yes	No	Web-link
On-line Admission Facility			

27. Does your Institution conduct Orientation program for Trainees in the beginning of the training?

	Yes	No
Students Orientation Program		

28. Does your Institution have Time Table and Batch Time? *(To be produced during physical assessment?)*

	Yes	No
Time-Table and Batch Time		

30. Does your Institution have "Mobilization Register" and "Mobilization Tools such as brochure, corporate movies, campaign, etc. *(To be produced during physical assessment)*

	Yes	NO
Mobilization Register		
Mobilization tools (Institute Brochure) please attach a copy		
Mobilization officer (to conduct awareness campaign) please attach CV		

31. Details of the Teaching Process for the courses offered. Certify the existence of the aspects listed below:
(to be physically produced to the affiliation assessors).

Aspect	Yes/No	Remarks
Time table		
Delivery plan		
Monitoring and evaluation process of students – continuous assessments, tests, examination etc.		
Management of Student Evaluation Records		
Lab/workshop Exposure and its linkage to theoretical delivery		
Industry Visits		

Section 4: Infrastructure Requirement

33. Provide the availability of aspects related to the Infrastructure:

Aspect	Details	Remarks
Building Own/Rented/ On Lease		<i>Please attach rent / lease agreement / proof of ownership Please attach Electricity Bill</i>
Area of Institute Premises		<i>Please attach blue print / map of the premises</i>
Size of classrooms Sq ft per class room	<i>Please attach blue print / map of the premises</i>
Number of classrooms		<i>Please attach blue print / map of the premises</i>
Size of Labs		<i>Please attach a list of equipment available in the lab</i>
Safe drinking water (Yes/No)		
Power backup (Yes/No)		
Separate toilet for Boys and Girls (yes / no)		
Provision of transport facility, if applicable (Yes / No)		
Common Room Arrangement (Yes/ No)		

34. Details on Health and Safety of the learners / Facilities. Certify the existence of the aspects listed below. *(To be produced during physical assessment)*

Aspect	Yes	No
Staff training on crisis handling		
Availability of equipment required for covering indoor and outdoor emergencies		
Documented process on providing training on the equipment on indoor and outdoor emergencies		
Availability of equipment required for fire safety		
Documented process on providing training on the fire safety equipment		
Compliance to the regulatory norms related to health and sanitary conditions		

35. Provide the availability of aspects related to the Learning Environment:

Aspect	Yes	No
Are the classroom illumination levels sufficient?		
Are the classroom ventilated enough?		
Do the classroom and rest of the center maintain the required cleanliness?		
Do the classroom and rest of the center weather protected		

36. Library details

a. Total number of Books related to the trade:

Technical: _____

Non-Technical: _____

Total: -----

b. Number of Magazine:

c. Number of Dailies (newspapers):

37. Attach separately Details of the Teaching Staff as per Job-roles covered in given format **(Please attach CVs & Appointment/Contract Letters)**

Name	Designation	Education Qualification	Training Certificate	Industry Experience	Instruction Experience	Regular / Visiting	Job-roles covered by the Teaching Staff

38. Administrative Support Staff

Staff	Permanent	Temporary/part time	Total
Office Manager			
Office Staff			
Lab Attendants			
Accountant			
Support Staff			
Others			

Section 5: Performance Improvement Methodology

39. Details of Methodology adopted for Continuous Evaluation. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

Aspect	Yes/No	Remarks
Documentation process of Continuous Evaluation		
Documented Process on Student Monitoring on Learning		

40. Details of Methodology adopted for Industrial Interface. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

Aspect	Yes/No	Remarks
Documentation process of engagement of experts from the industry		
Documented process on integration of real life problems from the industry and exposing students sample solutions		

41. Details of Methodology adopted for Student Development. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

Aspect	Yes/No	Remarks
Documentation process of imparting soft skills training		
Documented process of providing guidance to students on placements		

Documented process on OJT / Placement facilitation

42. Documentary evidences of suitable indicators to monitor and measure the performance. Key aspects that need to be certified by the applicant are:

Aspect	Details	Remarks
Documented process of trade learning progress		
Documented processes of workshop upkeep and modernization		
Documented process on tracking health and safety incidences		
Documented process on gathering feedback of placed students with the employers		
Documented process of tracking trends in employability and placement record		

44. Documentary evidences of Management Review. Key aspects that need to be certified by the applicant are:

Aspect	Details	Remarks
Documented process of conduction of Management Review Meetings (MRM)		
Documented processes of taking actions on the basis of MRM		
Documented process on tracking Faculty Review		
Documented process on tracking training needs of the faculty by the management		
Documented process of tracking student complaints and redress of the same		
Documented process of analysis of student feedback		
Documented process of analysis of results in skills assessment		

45. Documentary evidences of mechanism on Complaint Handling. Key aspects that need to be certified by the applicant are:

Aspect	Details	Remarks
Documented process on Information Sharing on complaints with all stakeholders		
Documented processes of acknowledgement of receipt of complaint		
Documented process on investigation of the complaint		
Documented process on tracking training needs of the faculty by the management		
Documented process of tracking student complaints and redress of the same		
Documented process of investigating the student complaints		
Documented process of closure of the student complaint		
Documented process of keeping record of student complaint		

46. Other Relevant Information (Performance Review)

a. Overall

S. No	Performance Criteria	Unit of Measurement	2014-15	2013-14	2012-13	Remarks
	Utilization of Students seating capacity	%				
	Retention Rate students admitted	%				
	Students / Teaching Staff	Ratio				
	Students on Completion got jobs	%				
	Students on completion expressing satisfaction on quality of training	%				
	Total yearly expenditure / initial budget sanctioned					
	Teachers expressing satisfaction on all round	%				

b. Trade wise (existing Scenario attach as a separate Sheet if required)

S. No.	Course Name	Duration	No. of batch/ year	Students in each batch	No. of trainees appeared for Exam	No. of Trainees certified	No. of trainees placed	Remarks

Section 6: Placement Methodology:

47. Placement MoU with the Industry players etc. : available/not available
(If available copy to be enclosed).

48. Average placement record of last three years

S. No.	Year	Number of placement	Remarks

Declaration of Authenticity

I In my capacity as.....
declare that all the information provided in this application form for affiliation with FFSC is accurate and up to date.

Name: _____

Signature with stamp: _____

Date: _____

Place: _____

List of Enclosures (To be signed and with the stamp of Institute)

S. No	Enclosures	Attached	
1	List of Branches	Yes	No
2	PAN/TAN Card and IT Return	Yes	No
3	Audited Balance Sheet - last 3 years	Yes	No
4	Registration Certificate of Trust/ Society/Others	Yes	No
5	Copy of Recognition Certificate	Yes	No
6	Copy of Affiliation Certificate	Yes	No
7	Building Approval Document	Yes	No
8	Staff Particulars	Yes	No
9	Training detail of Staff	Yes	No
10	Drinking Water	Yes	No
11	Health and Sanitary Conditions	Yes	No
12	Fire Safety	Yes	No
13	Bus Service details	Yes	No
14	Details of Grants received in last 3 years	Yes	No
15	Detail of Assessment procedure	Yes	No
16	A List of trainees trade-wise in excel sheet passed out in last 3 years along with application form	Yes	No
17	Profile of the Promoters	Yes	No
18	Profile of the Management Team / Trainers / Teachers / Operation Head and Affiliation Coordinator (along with copies of the appointment /Contract letters whichever applicable)	Yes	No
19	Operational Manual along with HR Policy and Recruitment Guidelines	Yes	No
20	Courses Run in Paid Module and Revenue from those courses in the last year	Yes	No
21	A copy of the Curriculum	Yes	No
22	Internship Facility / Plan	Yes	No
23	Trainees Mobilization Strategy	Yes	No
24	List and CV of Trainers per job role/QP (at least 2 regular as per FFSC Qualification Standards	Yes	No
25	Rent/Lease Agreement	Yes	No

- Please attach a separate list of Enclosures In-case any other document attached with this application form not mentioned above in the List of Enclosures.
- All attached documents need to be signed by the concerned authority along with the stamp of the institute.
- Duly signed and accepted “FFSC Terms and Condition” as mentioned in Annexure 5 in Protocol for Affiliation of Training Partners issued by FFSC.