



GOVT OF ASSAM
ASSAM SKILL DEVELOPMENT MISSION
5TH FLOOR, KATABARI, DPS ROAD, NH-37
GARCHUK, GUWAHATI- 35

Date- 20/2/21

No- ASDM 769/2018/ 479

NOTICE

It is hereby informed that agencies engaged in skill training and fulfilling any of the following parameters can submit an application to ASDM for allocation of training targets under Employment through Skill Training & Placement of Deendayal Antyodaya Yojana - National Urban Livelihoods Mission (EST&P DAY- NULM):

1. Training Providers having SMART accredited Training Centres in Assam with experience in skill related training programme and fulfilling SSC norms.
2. The respective Training Centers should be located in Urban Local Body/Industrial Development Authority/Special Area Development Authority.
3. Training Partner cannot operate the Training Centers via a Franchisee arrangement. Training Partner cannot sub contract the conduct of training.
4. The Staffs under the respective Training Centers should be under the pay role of the Training Partner and provide proof if required.

The interested agencies shall submit the following to ASDM office in Hard copies:

1. A letter/email confirming your interest to implement the above-mentioned scheme
2. A list containing details of active / proposed training centers, SPOC details along with the job roles. (as per the prescribed format provided in Annexure 1)
3. Soft copy of the **Annexure I & Annexure II** mentioned to be submitted in soft copy in Pen Drive along with the hardcopies to ASDM office
4. Work Experience Letter/Document related to skill training has to be provided by the agency
5. Letter of Intent has to be submitted by the agency.
6. PAN card of the respective organization.
7. Rent Agreement of the Training Center
8. Valid Training of Trainers (TOT) certificate of the Trainers related to the Job Roles Applied.
9. Proof of Smart Accreditation.

Target Allocation under DAY NULM scheme to any training partners is the sole decision of Mission Director.

The details need to be submitted in hard copy to ASDM latest by 24th February 2021, before 5 pm. The details of the SPOC for communication and clarification on this matter are as follows:

Name of SPOC: Ms. Suprity Das
Designation: Skill Project Manager
Phone no. 8638500374

E-Mail IDs to which proposals are to be sent:

1. missiondirector.asdm@gmail.com
2. asdm.nulm.reports@gmail.com

Address:

5th Floor, ASDM Office, Katabari, DPS Road, Garchuk, Guwahati - 781035, Assam

Sd/-
Mission Director,
Assam Skill Development Mission

TP Name:

Annexure 1

List of Centres & Job roles registered, accredited and affiliated on SMART in SIP

portal

TP ID (SMART):

TP Name:

SI No	TP Name	TP Address	TP SPOC Name	TP SPOC Contact No.	TP SPOC Mail ID	TC Name	TC Address	District	ULB	Sector	Job Role	Total Training Hours	Total Capacity of the center for the particular Job Role approved under CAAF	Allocated/Under-going Target approved under Centrally Sponsored State Managed (CSCM) Component by NSDC recently	Allocated/Under-going Target approved under Centrally Sponsored State Managed (CSCM) Component by NSDC presently	No of TOT certified Trainer per Job Role	TOT Trainer ID (TR ID)	Trainer Name	No of Classroom for Job Role	No of Lab for Job Role	Residential Facility (yes/no)	
1																						
2																						
3																						
4																						

Annexure 2

SI No	Name of Training Centre	Address	District	ULB Name	TC's under Industrial Development Authority/Special Area Development Authority/Urban Development Authority (please mention with Name) (if applicable)	TC ID (SMART)	Accreditation Rating Score	Star Rating	Job Role	Sector	Total Training Hours	Total Capacity of the center for the particular Job Role approved under CAAF	Allocated/Under-going Target approved under Centrally Sponsored State Managed (CSCM) Component by NSDC recently	Allocated/Under-going Target approved under Centrally Sponsored State Managed (CSCM) Component by NSDC presently	No of TOT certified Trainer per Job Role	TOT Trainer ID (TR ID)	Trainer Name	No of Classroom for Job Role	No of Lab for Job Role	Residential Facility (yes/no)		
1																						
2																						
3																						
4																						
5																						

(Handwritten signature)