APPLICATION FORM FOR AFFILIATION WITH

GEM & JEWELLERY SKILL COUNCIL OF INDIA

AS A TRAINING PARTNER

**GENERAL INSTRUCTIONS**

1. It is mandatory to fill all the columns of the Affiliation form
2. The application has to be applied offline by the training providers interested for affiliation to GJSCI
3. In addition to online application, a self-attested print-out of this application form along with self-attested hard copies of the relevant documents has to be sent to GJSCI by the VTP/ Institution
4. Attach supporting documents wherever required. Please sign and stamp every page of the document
5. VTPs applying for Technical QPs must declare availability of equipment along with this application. List of equipment is available on website separately.
6. You may use extra sheet to provide additional information, if required.
7. The progress on application shall be provided by GJSCI to Applicant VTP through mails
8. For all the enquiries and clarifications from please contact:

**Name**: Ms. Meenakshi Tikoo

**Designation**: Manager-Operations **Office**: 91 22 28293940 **Email**: sysnpro1@gjsci.org

9. Training Partner Affiliation Fees Structure

|  |  |  |
| --- | --- | --- |
| **GJSCI AFFILIATION FEE STRUCTURE** | | |
| **ITEM** | **AMOUNT** | **REMARKS** |
| Affiliation Fees | Rs. 15,000 | Annual |
| Processing Fees | Rs. 5,000 | Annual |
| Per centre fees for Centre Validation | Rs. 3,000 for metro cities and Rs. 5,000 for all other cities | Annual |
| Online Trainer Certification | Rs. 2000 for Technical & Non-Technical Job Roles | Per QP/ Per Trainer |

Note:

1. Affiliation fees are refundable subject to deduction of processing fees
2. Affiliation Fees are non-transferable
3. All fees are subject to change with prior notice of 7 days
4. All payments have to be made strictly from TP official bank account as intimated in the affiliation document.
5. Please remit Affiliation Fees via NEFT / RTGS details as under and send confirmation mail of the payment to [aa2@gjsci.org](mailto:aa2@gjsci.org), [accounts@gjsci.org](mailto:accounts@gjsci.org)
6. All the final decisions related to VTP affiliation lies with GJSCI

**GJSCI Bank Account Details:**

**Bank name and Branch: State Bank of India, SEEPZ SEZ,   
Account number: 32495879044**

**Account name: Gem & Jewellery Skill Council of India  
RTGS/NEFT, IFSC Code: SBIN0003473**

**List of Qualification Packs**

Please refer to the below link online to select the Qualification Packs/Job Roles.

<http://www.gjsci.org/nos.html>

Application for Affiliation for the following Job Role(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Job Roles | QP No. | NSQF Level |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |

(More columns may be added, as required)

**Section 1: Institution and Management Profile**

1. Name of the Training Provider:

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

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1. Whether NSDC or others:

☐ NSDC

☐ Others

1. Category applied for:

☐ Non Scheme/ State Funded Scheme

☐ PMKVY 2.0

If applied for State Funded Scheme mentioned the state applied for

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

1. Name(s) of all Director(s) / Owner(s)/ Partner(s) as on date:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Names | Designation | DIN No. |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. Contact Details of the Institution:

|  |  |
| --- | --- |
| Postal Address of Corporate Office |  |
| Pin Code |  |
| Land Line Number with STD Code |  |
| Fax No. |  |
| Website |  |

1. Year of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there any prior exposure of the TP in Skill Development Space?

☐ Yes

☐ No

(If yes, Attach relevant supporting documents)

1. Institute’s Medium of Instruction:

☐ English ☐ Hindi ☐ Any Other

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Institute have branches?

☐ Yes ☐ No

##### (If yes, attach the list of Branches as Enclosure 1)

1. PAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (Attach photocopy of the PAN and TAN card as Enclosure 2)

11. Turnover of the TP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last Financial Year)

1. Is the Institute recognized with any bodies or affiliated with any Regulatory body?

☐ Yes ☐ No

1. If yes, please mention the following:

|  |  |
| --- | --- |
| Name of the body with which recognized or affiliated regulatory body |  |
|  |  |
| Recognition no./ affiliation number |  |
| Year of recognition/ affiliation |  |
| Validity of recognition/ affiliation |  |

##### (Attach recognition and/or affiliation certificate as Enclosure 3)

1. Educational Qualifications and Experience of the Director(s), Management Team members, Operational Head(s) and Affiliation Coordinator(s) for VTP/Institution:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Director(s),  Management Team members, Operational Head(s) & Affiliation  Coordinator(s) | Designation | Educational Qualifications | Overall Work  Experience  (in years) | Prior Experience in the Skills  Training Space  (in years) | Key Achievements in the Skills Development |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. Provide the Contact Details of the Director(s), Management Team members, Operational Head(s) and Affiliation Coordinator(s) for VTP/Institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Designation | Contact Address | Contact Numbers –  Both Land Line and Mobile | Email-ids |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Provide your bank details:

|  |  |
| --- | --- |
| A/C Number |  |
| Bank Name |  |
| IFSC Code |  |

**Section 2: Training Operations – Processes**

1. Details of documented process for management of Human Resources.

|  |  |  |
| --- | --- | --- |
| **Aspect** | | **Yes/No** |
| Recruitment guidelines and criteria based on required competencies | |  |
| Training and professional development plan and processes | |  |
| Maintaining records of qualifications and experience | |  |
| SSC Specific add-ons |  |  |

1. Details of the Teaching Staff/ Trainers

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No | Name | Designation | Degree/ Diploma | Training Certificate | Sector  Experience  (Years) | Instruction  Experience  (Years) | Regular  /  Visiting | SSC Trained/ Certified |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |

1. Administrative support staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Staff | Permanent | Temporary/Part-time | Total |
| 1. | Office Manager |  |  |  |
| 2. | Office Staff |  |  |  |
| 3. | Lab Attendants |  |  |  |
| 4. | Accountant |  |  |  |
| 5. | Support Staff |  |  |  |
| 6. | Others |  |  |  |
| 7. | Total |  |  |  |

1. Details of the curriculum of the all the courses offered

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Process of adoption and/or development of curriculum on the basis of QP and NOS developed by the SSC |  |  |
| Review process to gauge the effectiveness of the curriculum developed |  |  |
| Clear demarcation of time to theory and practical as per the criteria set by regulatory bodies |  |  |
| Activity based pedagogy inclusive of time schedule and lesson plan |  |  |
| Process of SME engagement in curriculum design and development |  |  |
| Review process for approval of curriculum from the SSC |  |  |
| SSC specific inputs (if any) |  |  |

1. Details of the courseware of all the courses offered.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/ No | Remarks |
| Process of adoption and/or development of courseware on the basis of QP and NOS based curriculum approved by SSC |  |  |
| Existence of Facilitators Guide |  |  |
| Existence of Trainer Guide |  |  |
| Existence of Participant Manuals |  |  |
| Existence of Assessment Guides |  |  |
| Existence of participant feedback forms |  |  |
| Existence of Training Delivery Plans |  |  |
| Review process to gauge the effectiveness of the courseware developed |  |  |
| Process of SME engagement in courseware design and development |  |  |
| SSC specific inputs (if any) |  |  |

1. Details of the Training Process for the courses offered.

|  |  |  |
| --- | --- | --- |
| 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 |  |  |
| SSC specific inputs (if any) |  |  |

1. Details of Methodology adopted for Continuous Evaluation.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/ No | Remarks |
| Documentation process of Continuous Evaluation |  |  |
| Documented process on student monitoring on learning |  |  |
| SSC specific |  |  |

1. Details of Methodology adopted for Industrial Interface.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Documentation process of engagement of experts from the industry |  |  |
| SSC Specific |  |  |

1. Details of Methodology adopted for Student Development.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Documented process of imparting soft skills training |  |  |
| Documented process of providing guidance to students on placements |  |  |
| Documented process on OJT/ Placement facilitation |  |  |
| SSC Specific |  |  |

1. Details on Student Admissions.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Printed brochure/ prospectus |  |  |
| Documented policy and procedures for admissions |  |  |
| Concessions policy |  |  |
| Process of keeping the safe custody of student documents |  |  |
| Student agreement with the institution at the time of admission |  |  |
| SSC Specific |  |  |

1. Details on Health and Safety of the learners.

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Documented process of 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 |  |  |
| Health policy including collection of required medical record of staff and students |  |  |
| Compliance to the regulatory norms related to health and sanitary conditions |  |  |
| Documentary proof of compliances certified by the competent authority |  |  |
| SSC Specific |  |  |

#### Section 3: Performance Measurement and Improvement

1. Documentary evidences of suitable indicators to monitor and measure the performance.

Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | 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 |  |  |
| SSC specific |  |  |

1. Documentary evidences of practicing continual improvement. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | Remarks |
| Documented process of taking student feedback on curriculum |  |  |
| Documented processes of taking student attendance |  |  |
| Documented process on tracking student dropouts |  |  |
| Documented process on tracking student performance on tests |  |  |
| Documented process of tracking teacher attendance |  |  |
| Documented process of tracking placement patterns |  |  |
| SSC Specific |  |  |

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

|  |  |  |
| --- | --- | --- |
| Aspect | Yes/No | 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 |  |  |
| SSC specific |  |  |

##### Other Relevant Information

1. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source?

**(Attach details of grants/ Work Order received in last 3 years as Enclosure 4)**

##### Performance Review (Overall)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Performance Criteria** | **Unit of**  **Measurement** | **2016-17** | **2015-16** | **2014-15** | **Remarks** |
| 1. | Utilization of Students seating capacity | % |  |  |  |  |
| 2. | Retention Rate (Of students admitted) | % |  |  |  |  |
| 3. | Students/Teaching  Staff | Ratio |  |  |  |  |
| 4. | Pass out (Of students appeared) | % |  |  |  |  |
| 5. | Students on completion got jobs | % |  |  |  |  |
| 6. | Total yearly expenditure / Initial budget sanctioned | % |  |  |  |  |
| 7. | Skilling through State Projects/ Scheme | Numbers |  |  |  |  |
| 8. | SSC specific |  |  |  |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Designation) confirm that my training center, used in the training of trainee meets the specifications for becoming an Affiliated Training Partner as per the standards defined by GJSCI and NSDC. After successful affiliation, any changes taking place in management, registered address, ownership, center address or status, legal status of the company or any other matter which affects the affiliation requirement will be informed to the council within 15 days of the change taking place.

I Declare that the information furnished in the application form is true & take complete responsibility of the authenticity of all the information.

Any information submitted herewith, if proven false, the necessary action taken by GJSCI/NSDC will be valid and non-contested.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place**: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Stamp / Seal of the Institute |