NNEXURE B1

Financial Details

Declaration to be submitted under the signature of Chartered Accountant on Letterhead with his/her dated Sign and Seal

To Whomsoever It May Concern

On the basis of audited financial statements, we hereby certify that (Name of Agency) having registered office at (Office address) has an average annual turnover of Rs. from various activities, in the past three financial years (2015-16, 2016-17, 2017-2018). The details of year wise annual turnover are mentioned below:

SI.	Financial	Annual Turnover (For last three	Net Profit (Profit after tax) from all
No.	Year	financial years 2015-16, 2016-17	the activities of the agency For last
		and 2017-18)	three financial years 2015-16, 2016-
			17 and 2017-18
1	2015-16		
2	2016-17		
3	2017-18		
	Average		

Note: Audited financial statements for the past three years (2015-16, 2016-17, and 2017-2018) should be submitted by the Applicant.

Chartered Accountant:	
(Authorized Representative with Signature & Sea	al)

Name Registration No Contact No. Seal

Date: Place:

ANNEXURE B2

Training Infrastructure Details

Declaration to be submitted under the signature of Authorized Representative / Signatory of the applicant agency on official Letterhead with seal

(If the applicant has more than one training centers then furnish the details separately in the same format using Annexure B2.1, B2.2 etc. separately)						
We, M/sname, having its registered office at < <office address="">>, want to conduct the training in thedistricts insectors (no.).The address for the available training center isThe below training</office>						
infrastructure details are available with us:						
Particulars	Count	Area in sq. ft.				
Classrooms						
labs						
Staff Room						
Library						
Circulating area						
Boys and Girls Hostel						
Toilets (Boys/Girls) in						
Training Centre						
*The total area of the Training Centre issq. ft. and the ownership of building is (Self Owned/Rented). *The Domain Lab is Available/Not Available in the above mentioned Training Centre for the Course Namewith Course Code(Please Attach Photographs of the Domain Lab with equipment list)						
* Photograph need to be attached of the available Boys and Girls Hostels.						
For and on behalf of:						
Name: Designation: (Authorized Representative with Signature & Seal)						
Date:						

Place:

ANNEXURE B3

Employability Potential Assessment

Declaration to be submitted under the signature of Authorized Representative / Signatory
of the applicant agency on official Letterhead with seal

conduct did the	the trai Employa	ning in th	netential Ass	dist	d office at << ricts (no.) in sed on	sect	ors (no.). We
District	Sector	Course	No. of	Name of	No. of		No. of
		Name/	Students	the	Employees	Potential Job offers	Potential Self
		Job Role	to be Trained	Company Assessed	Currently Working in		Seii Employment
		Noie	Haineu	Assesseu	the	(Annual	to be
					Company	Basis)	Created
					, ,	,	
For and on behalf of:							
Name: Designation: (Authorized Representative with Signature & Seal)							
Date: Place:							

Note: 1. For Sector, Course Name/Job Role, Please refer the NSDC/SSC Websites.

2. Above mentioned details should be backed by the information on the letterhead of the each company assessed - which is Annexure B4 for industry linkages

ANNEXURE B4

Industry Linkages

This format strictly needs to be submitted on the Letterhead of the Recruiting Company with signature and seal (In case of multiple companies, kindly use the same format separately)

То			Dated:			
	ill Development C, SCO 149-152,	: Mission		Juteu.		
Reference Sub: Lette 20 /20	er of Intent for	M/S	(Applican	t Agency Name) fo	or the year	
Dear Sir/N	/ladam,					
(EOI) for Mission (P	empanelment SDM), dated	as Training Par	, in response to the	ne Punjab Skill De source Partner with	evelopment ı us.	
	•		candidates as per be for the year 20	elow mentioned t	details from	
District	Sector/trade for recruitment	No of employees working in the company as on 31.12.18	Designation / Job profile for Recruitment	No. of candidates to be Recruited on annual basis	Tentative Salary to be offered to candidate (on Month Basis)	
For and on	behalf of:					
Name: (Authorized Designation	•	with Signature & S	Seal)			

Mobile No.: Email Id: Note: If this format is submitted by the Applicant Agency on its own letter head, it will not be considered