

Notice

Date: 26/03/2018

This to notify that the TCs and TPs who have been recommended by any North East state for PMKVY CSSM component and want to get recommendation and target from any other state will have to follow the below mentioned procedure to change their recommended by state tagging on SMART:

1. The recommendation from the new state has to be shared as per the prescribed format (Annexure-II). This recommendation has to be attached with a NOC as annexure (format given in Annexure-I), from the recommending agency which had recommended the TC/TP earlier.
2. The fresh recommendation has to be shared from the official email ID of the new state skill mission. Such recommendations have to be sent to **smartrecommendations@nsdcindia.org**.
3. For example; if a TC was recommended by State A earlier, and now wants to work with state B then the TC has to get recommended by state B and must attach a NOC from State A along with it. The documents (Recommendation letter along with the NOC) must be shared on smartrecommendations@nsdcindia.org from the official email ID of the state skill mission of state B.
4. Kindly adhere to all the formats. All the documents must be on the letter head of the respective SSDMs and should be stamped and signed (in person) by the Mission Director of the respective SSDMs. The authority to sign this letter cannot be delegated by the mission director.
5. Clear scan copies of these documents must be shared with SMART team.

Annexure-I

NOC format for an empanelled Training Provider to work with other SSDMs

(On official letter head of SSDM)

Date:

To:

National Skill Development Corporation
301, 3rd Floor, World Mark-1, West Wing,
Aerocity, New Delhi-110037

From:

State:

I, do hereby declare, state and confirm that following Institutes as Training Providers & Training Centres were recommended by <Name of State Skill Development Mission> vide <Letter no.> dated <Date>.

This to inform NSDC that there is no pending training targets/ formalities with the below mentioned Training Providers & Training Centres and we have ended all association with them for CSSM component of PMKVY. We do not have any objection on them working with any other Skill Development Mission.

| TP Name | TP ID | Spoc Name | Spoc mail | Proposed No. Of TCs | TC ID | TC Name | TC Spoc Mail | TC Spoc contact | State | District | SSC | Job role for CSSM** | TC Type (Govt./ Non Govt) | Reason for disassociation |
|---------|-------|-----------|-----------|---------------------|-------|---------|--------------|-----------------|-------|----------|-----|---------------------|---------------------------|---------------------------|
| | | | | | | | | | | | | | | |

*Place:

(Location and office address)

Signature with official seal

*Full Name:

*Designation:

*I Card No.:

**(Enclose a photocopy of I Card)*

*Phone Number:

*e-mail ID:

*All fields marked with * are mandatory*

Annexure 2: Format of recommending Training Providers for Centre Accreditation and Affiliation for PMKVY State Engagement component

(On official letter head of recommending authority)

Date:

Ref No.:

State:

Recommending department/ agency:

This is to notify National Skill Development Corporation (NSDC) that the _____ Skill Development Mission/ <Name of Department>, Govt. of <State> hereby recommends the following training providers for Accreditation and Affiliation under PMKVY 2.0

This recommendation is made with clear understanding that accreditation and affiliation in no way compels NSDC to allocate targets to the training providers listed herein:

| Name of Training Provider | TP ID (if existing TP) | Name of Point of Contact | Email ID and contact no. of SPOC | Proposed no. of TCs | TC ID (if existing TC) | TC Name | TC SPOC email ID | TC SPOC contact number | Proposed State of TC | Proposed districts of TCs | Proposed sectors of TCs | Job role for CSSM component | Type of TC (govt./ non-govt.) | Reason for Recommendation |
|---------------------------|------------------------|--------------------------|----------------------------------|---------------------|------------------------|---------|------------------|------------------------|----------------------|---------------------------|-------------------------|-----------------------------|-------------------------------|---------------------------|
| | | | | | | | | | | | | | | |

*Place:

(Location and office address)

Signature with official seal

*Full Name:

*Designation:

*I Card No.:

**(Enclose a photocopy of I Card)*

*Phone Number:

*e-mail ID:

*All fields marked with * are mandatory*