APPLICATION FORM
FOR
AFFILIATION OF TRAINING PROVIDERS (TP)
TO
TELECOM SECTOR SKILL COUNCIL (TSSC)

1. Process of Grant of Affiliation:
   (a) Submission of duly filled application form with applicable fee of Rs. 5,000/-. (Para 2(a) below refers)
   (b) Evaluation by TSSC & award of Provisional Affiliation.
   (c) Submission of QP / NOS Aligned Curriculum for the selected job roles, along with the Affiliation Fee (Para 2 (b) below refers) & Curriculum alignment Fee (Para 2(c) below refers).
   (d) Curriculum alignment check by TSSC and addressing of gaps by TP.
   (e) Grant of Affiliation by TSSC.
   (f) Time duration of affiliation is 10 days.

2. Fee structure:
   a) Application Fee: Rs. 5,000/- (To be submitted along with the Application Form)
   b) Affiliation Fee: Rs. 20,000/- for single centre OR Rs. 45,000/- for multiple centres (Post review and acceptance of Application by TSSC)
   c) Curriculum Alignment Fee: Rs. 5,000/- per Job Role

3. The certificate will be valid for 2 years from the date of issue.
SECTION 1: INSTITUTE INFORMATION AND CREDENTIALS

1. Name of the Organization-
   __________________________________________________________
   __________________________________________________________

2. Address of Registered Office-
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Year of Establishment- ________________________________

4. Whether registered (Company, Society, Any other form of Legal existence):
   YES   NO
   a. If yes, provide:
      i. Registration Number and Date: ____________________________
         (Attach certificate)
   b. PAN / TAN Number (attach photocopy):______________________

5. Name of Director / Organization Head-
   __________________________________________________________________

6. Contact Person / Coordinator for TSSC-
   Name: ___________________________
   Contact No. (M): ________________ (LL): ________________
   Email ID: _______________________

7. Organizational Model (Please tick appropriate model):
   a. Single location Institute with complete Infrastructure set-up
      (Building, classroom, Labs, Workshops):
   b. Multi-spread Centres across cities / states:
      If yes, please provide details of Branches / centres:
      (As per format attached at Appendix A)

8. Is the Institute affiliated / recognised with any Body?
   YES   NO
   If yes, provide details:
   a. Name of the Body affiliated with: ____________________________
      (Attach Certificate)

Date: ___________________________
Company Seal: ___________________
Authorised Signatory
9. Is the Institute participating / has participated (in last 02 yrs) in any NSDC / Govt. scheme on skill development?

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<thead>
<tr>
<th>S. No.</th>
<th>Name of Scheme</th>
<th>Ministry / Department</th>
<th>Since when participating</th>
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If Yes, Attach relevant Certificate and provide details:

10. Past Placement record of the Institute (last 2 years):

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Number Trained</th>
<th>Number Placed</th>
<th>Name of Key organizations where students were placed</th>
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Date:  
Company Seal:  
Authorised Signatory
# SECTION 2: AFFILIATION AND TRAINING

1. **Job Roles for which affiliation sought:**

<table>
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<tr>
<th>S. No.</th>
<th>Job Role</th>
<th>TSSC QP / NOS reference</th>
<th>QP compliant Curriculum ready (Yes / No)</th>
<th>QP compliant Content ready (Yes / No)</th>
<th>Location / Centres where training will be conducted</th>
<th>Date by which training will commence</th>
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(More rows can be added, if required)

2. **Availability of tools, equipment etc for Practical Training, for selected job roles:**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Job Role</th>
<th>Practical Set-up Available Yes / No (As per attached list at Appendix B)</th>
<th>Tie-ups for Industry interface / OJTs / Practical Training (Name of Industry / Org. With when tie-up exist)</th>
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**Date:**

**Company Seal:**

**Authorised Signatory**
3. Training Facilitation (Tick appropriate choice):

(a) Training of Trainers:  

☐ In-house Master Trainers  ☐ Outsourced

(b) Periodicity of Training and Certification of Trainers:  

☐ 1 Year  ☐ 2 Years  ☐ > 2 Years

(c) Certification of Trainers:  

☐ In-house capability  ☐ Outsourced / External

(d) Content Development:  

☐ In-house  ☐ External Agency (Please specify)

4. Methodology of mobilising candidates:

(a) Printed Brochure / Prospectus:  

YES  ☐ NO  (If yes, attach a copy)

(b) Media Advertisements:  

YES  ☐ NO  (If yes, attach a copy)

(c) Industry Tie-ups:  

YES  ☐ NO  (If yes, attach details)

(d) Tie-ups with Staffing Agency:  

YES  ☐ NO  (If yes, attach details)

(e) Any other methodology, Please specify

5. Industry Tie-ups for OJT / Practical Training (for the training done in past):

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Job Role</th>
<th>Name of the Company</th>
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Date:  
Authorised Signatory

Company Seal:
6. Have you conducted training in Telecom sector or any other related sector (Retail / IT / Electronics)?

   YES  NO

If yes, provide details:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Sector</th>
<th>Job Role</th>
<th>Year of conduct</th>
<th>No. Trained</th>
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If no, provide details of training conducted in past:

<table>
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<th>S. No.</th>
<th>Sector</th>
<th>Job Role</th>
<th>Year of conduct</th>
<th>No. Trained</th>
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7. Details of Telecom Trainer available:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name</th>
<th>Industry Experience</th>
<th>Academic Qualification</th>
<th>Certified trainers (Yes / No)</th>
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Date: 
Authorised Signatory

Company Seal:
Section 3: Processes, Compliances and Records

(Applicant to confirm availability of the under mentioned processes, compliances and documents. These will be checked during On-site visits)

(a) Operations Manual:
   i) Background of Institution
   ii) Organization Structure
   iii) Profile of Trainers
   iv) Industry Linkages
   v) Profile of Senior and Middle Management

(b) Compliance to Statutory and regulatory requirements

(c) Guidelines for recruitment of Trainers

(d) Professional development plan for Faculty

(e) Records of Qualification, experience of faculty / teaching staff

(f) Availability of Administrative support staff

(g) Composition of Training Packages:
   i) Content
   ii) Training Manual
   iii) Trainer Guide
   iv) Training Delivery Plan
   v) Feedback Forms and Review Mechanism

(h) Training Delivery
   i) Classroom facilities / Training aids,
   ii) Quality of PPT
   iii) Continuous / Interim Assessment Plans
   iv) OJT / Industry visits / Equipment for Hands-on Training

(i) Library for students

(j) Adherence to Health & Safety norms
   i) Training on staff on crisis handling & handling for fire fighting equipments
   ii) Availability of fire fighting / safety equipments
   iii) Health policy, Periodic medical checks
   iv) Certifications by competent authority

(k) Management Review:
   i) Management review Meetings and action perusal
   ii) Faculty review
   iii) Complaints and Redressal system
   iv) Feedback analysis (feedback form students / faculty / employees)
   v) Result analysis and Review

(l) CVs for Master Trainers

(m) Content development capability (if In-house exists)
Check Off List

1. Registration Certificate (refer Section 1, point 4)
2. PAN / TAN card (refer Section 1, point 4)
3. List of Branches (refer Section 1, point 7)
4. Affiliation Certificate (refer Section 1, point 8)
5. Certificate for having participated in Govt / NSDC scheme (refer Section 1, point 9)
6. Supporting Documents for Mobilization of candidates (refer Section 2, point 4)
List of All Branches / Centres:

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Training Start Date</th>
<th>Centre Details/Address where training will be conducted</th>
<th>Tools / Equipments Availability confirmation at each Centre (Refer list attached in the Application Form)</th>
<th>On-Job Training Tie-ups at each centre (Mention company Name, and attach Letters)</th>
<th>Trainers Availability at Each Centre</th>
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- More rows can be added, if required

Appendix ‘A’
## MANDATORY EQUIPMENT (HARDWARE / SOFTWARE) REQUIREMENT FOR RESPECTIVE JOB ROLES

<table>
<thead>
<tr>
<th>Job role</th>
<th>Minimum list of software / equipment</th>
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<tbody>
<tr>
<td>CCE (Call Center)</td>
<td>CRM, Computer setup with basic MS Office</td>
</tr>
<tr>
<td>CCE (Relationship Center)</td>
<td>CRM, Computer setup with basic MS Office</td>
</tr>
<tr>
<td>CCE (Repair Center)</td>
<td>Computer setup with basic MS Office</td>
</tr>
<tr>
<td>Handset Repair Engineer (Level II)</td>
<td>Test Bench, test equipment (multimeters, frequency generators etc); Setup for end-to-end diagnostics</td>
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<tr>
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<td>and repair, software jigs</td>
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<tr>
<td>Tower Technician</td>
<td>D G Set, Air Conditioner, Power Interface Unit (PIU), SMPS, Battery bank</td>
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<tr>
<td>Optical Fiber Technician</td>
<td><strong>Optical Splicing Equipment</strong></td>
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<tr>
<td></td>
<td><strong>Optical test equipment</strong> like OTDR, light meter and power meter;</td>
</tr>
<tr>
<td>Optical Fiber Splicer</td>
<td><strong>Optical Splicing Equipment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Optical test equipment</strong> like OTDR, light meter and power meter;</td>
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