

**INFORMATION FORM FOR GRANT OF ACCREDITATION**

(To be completed by the applicant institution in all respect)

**General Instructions**

1. All the columns must be filled up. Incomplete applications will be rejected.
2. Application Form is downloadable in Word Format from the ESDM Website.
3. Certified copies of all the relevant documents as per the check list given at the end of the form should be enclosed with the Application Form.

Application for .....	For Office Use Only
.....	TEMP ESDM ID.....
Online payment details.....	
Amount.....	

**A. GENERAL INFORMATION ABOUT THE INSTITUTE**

1. Name of Institution.....
2. Address of registered Office

3. Year of establishment .....
4. Phone No. with STD Code.....
5. Whether registered ((Company, Society, Any other form of Legal existence):  
 Yes                       No

a) If yes, provide:

Registration Number and Date: .....(Attach certificate)

b) PAN / TAN Number (Upload copy):.....

**6. Director/ Organization head Details:**

Name of the Director/ Organization head.....

Email-id ..... Mobile No.....

(Land Line): .....

**7. Contact person/ Coordinator**

Name: .....  
 Email-id ..... Contact No. (M) .....  
 (Land Line): .....

**8. 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 :

Centre Details/Address where training will be conducted	Tools / Equipments Availability confirmation at each Centre (Refer list attached in the Application Form)	On-Job Training Tie-ups at each centre (Mention company Name, and attach Letters)	Trainers Availability at Each Centre	
			Academic Qualification	Industry Experience (for specific Job Role)

**9. Is the Institute affiliated / recognized with any Body?**

If yes, provide details:

- a) Name and address of the Body affiliated with:  
 .....  
 .....(Attach Certificate)
- b) Year of Establishment.....

**10. Location of Institute (Rural/Urban/Semi-Urban/Metropolitan)**

**11. Current level of courses being held in the Institute (attach a separate detailed list of courses and their duration):** .....

**12. Details of Processing Fee..... Amount Rs.....**  
 Online payment details..... Date.....  
 Name of the bank.....

**13. If the Institute is a private/society registered/Franchisee (submit relevant documents)**

- a) Name and address of Trust/ Society / Organization .....
- b) Name of Manager/Chairman .....
- c) Address .....
- d) Year of Establishment .....

#### 14. Infrastructure and Academic Facilities

- a) Is the Institution located in a rented building or own building.....
- b) Physical Size/Total area in sq ft (Land documents/Building plan to be enclosed)
- c) Infrastructure Details:

S.No.	Item	No of rooms	Size in sq ft (LxB)	Area in Sq ft

- d) List of Teaching Staff:

S.No.	Name of Staff member	Qualification	Permanent/ Part-time /Temporary	Designation

- e) Administrative Staff:

S.No.	Name of Staff member	Qualification	Permanent/Part-time/Temporary	Designation

- f) Other Facilities:

- i. Facility of Toilets : Boys  Girls
- ii. Facility of Drinking water Available/not-available
- iii. Is there a Certificate from Health & Sanitary Deptt ..... Yes/No
- iv. Is there is Fire safety Certificate ..... Yes/No
- v. Please attach relevant copies.

- g) Library Facility:

- i. Total number of books.....
- ii. No of magazines subscribed on monthly basis.....
- iii. No of dailies/newspapers.....

- h) Is there electricity ..... Yes/No

- i) Is there power back-up facility ..... Yes/No

- j) Audio-Visual facilities available ..... Yes/No

- k) Suitability for conducting Laboratory experiments

- i. Number of Labs and the seating capacity.....
- ii. List of equipment available in the laboratory (Attach separate sheet)
- iii. Facility of 100% power back-up in the laboratory.... Yes/No
- iv. Availability of Laboratory Instructors..... Yes/No
- v. Number of Laboratory Instructors.....
- vi. Furniture available in the labs.....

- l) Whether ventilation and lighting is sufficient in the classrooms and laboratories?

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- m) Financial Status of the Institution.....

i. Details of Income and expenditure of last three years. (Please attach a separate sheet.)

n) Working hours of the applying Institution.....

**15. Why does the applying Institute want to be associated with ESDM course training?**

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 .....  
 .....  
 .....

16. Is the Institute participating / has participated (in last 02 yrs) in any Govt. scheme on skill development?

Yes  No

If yes, provide the following details

S. No.	Sector	Job Role	Year of Conduct	No. of Candidates Trained

If no, provide details of trainings conducted in the past

S. No.	Sector	Job Role	Year of Conduct	No. of Candidates Trained

17. Trainers training facilities (choose the appropriate option)

- a) Training of trainers  in house Master Trainers  Outsourced  
 b) Periodicity of training  1 year  2 Year  > 2 years  
 c) Certification of trainers  in house capability  Outsourced / external

18. Methodology for mobilizing candidates

- a) Printed Brochure/ Prospectus  Yes  No  
 b) Media advertisement  Yes  No

19. Industry tie-ups for imparting training and industry tie-ups for post training support in the form of generating employment (Wage employment/ self employment / any other)

a) Industry tie-ups  Yes  No

If yes, then provide the following details

S. No.	Job Role	Name of Company	No. of Candidates Trained	No. of Candidates Employed

**DECLARATION**

This is to certify that all the above information furnished above regarding the Institution is correct and authentic to the best of my knowledge.

.....

Date..... (Signature of Principal/Director)

Place..... (Name with Rubber stamp)

**CERTIFICATION OF ENDORSEMENT**

(by President/Chairman/ of the Institution/Society/Organization)

In support of the application, I certify that, having read the Norms & Procedure for accreditation of Institutions, I undertake to ensure that the Institution will abide by the Rules & Regulations and Terms & Conditions, as are applicable to accredited Institutions, from time to time. I further affirm that the accreditation, if granted to the Institution, will be used for promotion of ESDM Scheme and meeting its ultimate goal of training and empowering the unskilled sector of the population. I shall ensure the smooth & proper functioning of the Institution.

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Date..... (Signature of President/Chairman)

Place..... (Name with Rubber stamp)

## Course Accreditation Performa

(Details to be provided for each course separately)

1.*Level Code:		2.*Vertical Name:			
3.*Course Code:		4.*Course Name:			
5.No. of students :		6.Batch size :		7.No. of batches:	
8.Course content is available				Yes	No
9. If "No", What is the Mechanism in place to develop course content?					
10.Lab with recommended hardware and software is available				Yes	No
11.*Recommended hardware:	12.* Required (Nos)/batch		13.Available (Nos) /batch		
14.*Recommended software:	Not Available (No)		Available (Yes)		
15.*Recommended text books :	16.*Required (Nos)		17.Available (Nos)		
18.Faculty Name:	19.Qualification:		20.Experience:		
21. Is trained faculty available?	Yes		No		
22. If "No", What is mechanism in place to train the faculty?					
23. Industry Tie-up for Placement?		Yes	No		
24. If "yes", give details of industry tie-up, if "no", give detailed plan to place the					

trainees.

\*As per Course Performa

### Guidelines for filling up course Accreditation Performa

For each course the Institute would like to take the accreditation, a separate course **Accreditation Performa** is to be filled up.

**1,2,3,4** - To be filled as per course Performa.

**6** - The batch size of the student would be selected based upon the equipment available in the lab or vice versa.

**9** - The course content is to be developed based upon the detailed syllabus and hours dedicated for each module. If the competent staff is not available to develop the course content internally, the same can be got done through expert from the industry or educational institutes. In case any such tie up is available for the course content development the details shall be provided.

**11, 14, 15** - Same as given in course Performa.

**12** – The required number of hardware is based on the batch size.

**13** - The number of hardware available with the Institute.

**16** - The required numbers of books for total student.

**17**– The available numbers of books with the Institute

**18**- The number of faculty is to be selected in such a way that the maximum contact hour should not exceed 18 hours per week per faculty.

**19, 20**- The basic qualification of the faculty should be such a way that the faculty is studied the subject in his qualifying examination or he/she has the enough working experience in a particular field to handle the course. The teacher's qualification & experience for different levels shall be as shown below.

LEVEL	COMPETENT FACULTY		LAB FACULTY	
	QUALIFICATION	EXPERIENCE	QUALIFICATION	EXPERIENCE
L1	At least Diploma (Govt. Recognised)	Minimum 2 years industry experience	ITI (Govt. Recognised)	Minimum two year's industry experience.
L2				
L3				
L4	At least a Diploma/B.E./B.Tech (Govt. Recognised)	Minimum 2 year's relevant industry experience for B.E./B.Tech or	Diploma (Govt. Recognised)	
L5				

		Minimum 2 years teaching experience plus 2 years Industry Experience for Diploma		
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**22** - If the faculty have the basic required qualification but does not have the required experience for handling the lab and teaching then they can be trained well in advance before the course starts by using the experienced faculty (Master Trainer) from the industry or other educational institution.

**23, 24** - Based upon the skill and knowledge earned by the trainees, they have to be placed at the appropriate industries. In order to get placement for the students tie up with appropriate industries is to be ensured by the institutes.

\*As per Course Performa



**Faculty Qualification and Experience Criteria**

LEVEL	COMPETENT FACULTY		LAB FACULTY		RATIO OF FULL TIME TO PART TIME FACULTY	RATIO OF FULL TIME + PART TIME FACULTY TO STUDENTS
	QUALIFICATION	EXPERIENCE	QUALIFICATION	EXPERIENCE		
L1	At least Diploma (Govt. Recognised)	Minimum 2 years industry experience	ITI (Govt. Recognised)	Minimum two year's industry experience.	Shall be better than 4:1	Shall be better than 1:25
L2					Shall be better than 4:1	Shall be better than 1:25
L3					Shall be better than 1:1	Shall be better than 1:20
L4	At least a Diploma/B.E./B.Tech (Govt. Recognised)	Minimum 2 year's relevant industry experience for B.E./B.Tech or Minimum 2 years teaching experience plus 2 years Industry Experience for Diploma	Diploma (Govt. Recognised)		Shall be better than 1:1	Shall be better than 1:15
L5					Shall be better than 1:1	Shall be better than 1:15

**Note:**

1. All the experience should be in relevant field.
2. Faculty must have at least three permanent incumbents and have been with the institution for not less than six months.
3. Support faculty to assist in lab work, use of equipment and demonstrations.
4. Faculty with the higher than the minimum qualification specified for each level with six months experience will also be considered as an eligible competent faculty.