

**Government of India  
Ministry of Minority Affairs**

**Proposal for Empanelment of Project Implementing Agencies under “USTTAD”  
during 2018-19**

**1. Details of Project Implementing Agencies (hereinafter Organization):**

<b>S. No.</b>	<b>Particulars</b>	<b>Information to be filled by project Implementing Agencies</b>
1	Name of PIA	(As per registration certificate)
2	Legal Status (Registered Society/ Govt./Semi-Govt./Public Sector/NGO/ Autonomous Body etc.	(Attach Incorporation/ Registration Certificate of the Agency)
3	Registration No. & Date of Registration of PIA	Date of Registration with valid Registration Number (Please enclose a legible copy of valid Registration Certificate. If it is in other language, it should be translated in Hindi or English and attested by notary)
4	PAN Card Number of PIA	(Submit copy of PAN Card)
5	Unique ID Registration Number of PIA provided by NGO DARPAN Portal of NITI Aayog (Mandatory)	
6	Registered/Head Office Address of the PIA	
7	Name(s) of President / CEO/ Director(s)/ Chairman/ Head of Organization	
8	Website Address of the PIA	
9	Telephone/Mobile	
10	Email id	

**A. Organisation Details:**

**1. Details of Skill Development Projects for Traditional Arts/Crafts funded by Central Ministries /Departments implemented by the PIA during last three years. Attach copy of sanction orders:**

S. No.	FY	Name of the funding Ministry /Department	Location of the project (District & State). If in minority concentration block/town, please indicate MCD/MCB/MCT	Number of Trainees Trained			Number of Minority Trainees out of the total trained	Total Project Cost	Name of traditional arts/crafts for which the training has been imparted	Name of certifying agency	Page No. of supporting documents
				Boys	Girls	Total					
									Traditional arts/ crafts		

**2. Details of Skill Development Projects for Traditional Arts/ Crafts exclusively funded by State Government/ UT Administration and implemented by the PIA during last three years. Attach copy of sanction orders:**

S. No.	FY	Name of the funding State Govt./ Department	Location of the project (District & State). If in minority concentration block/town, please indicate MCD/MCB/MCT	Number of trainees			Number of Minority Trainees out of the total trained	Total Project Cost	Name of traditional arts/crafts for which the training has been imparted	Name of Certifying agency	Page No. of supporting documents
				Boys	Girls	Total					

(Note: One Sanction order will be considered as one project)

**3. Branch or Centre-wise list of Master Craftsmen engaged by the organization (Please give separate Tables for each Centre):**

S. No.	Name of Master Craftsmen	Male/ Female	Fields of arts/ Crafts	Whether belongs to minority community (yes/no) if yes, indicate name of community	Experience in traditional skills (in years)	Name of clusters and district where he/she belongs	Whether National or State Awardee and name and year of award. Any other award/recognition. Give details of award, category of award, Plan	Any other professional training or upgradation of skills given to this Master Craftsman	Page No. of supporting documents

**4. Details of experience in formation of Self-Help Groups (SHGs) in the last three years:**

S. No.	Name of the State	Name of the district	Name of SHG formed by the organization	Year of formation	Traditional arts/crafts being practiced by the SHG	Community involved in the SHG	Whether function at present (Yes/No)	Bank name of the SHG	Account no. of SHG	Annual net income of the SHG (in Rs.)	Page No. of supporting documents

**5. Whether the organization has ever participated in promotional exhibitions or marketing event for traditional arts/crafts:**

S. No.	Year	Name of the event	Name of Funding Agency	Total Cost of Project	Names of the arts/crafts covered	Number of artisans/craftsmen involved	Location of the event (district and State)	Page No. of supporting documents

**6. Apprenticeship/on job training under master craftsman:**

How many persons trained	Skill in which trained	By which craftsman	master	Whether any are currently under training	Whether any earlier trained Master Craftsman have started same trade in nos.

**7. Number of Retailers or e-Commerce Portals with whom the PIA has signed the MoU/ placed orders for supply of goods to establish market linkages/:**

S. No.	Name of Retailers/ E-Commerce Portal	Address of Head Office Retailers/ E-Commerce Portal	Date of signing and validity period of MoU	Purpose of MoU	Page No. of supporting documents

**8. List of Branches /Centres of the PIA -**

S. No.	Complete Centre Address	Name of the center Head	Contact Details (Mobile/ Phone No.)	Training Infrastructure available for (name of courses/ trades)	Name of Trainer(s)

**9. Whether Audited Accounts (with Auditor's Report) for Last three years attached along with CA Certificate : Yes/No**

**10. Attach copy of Memorandum of Association/ Article of Association/ Rules & Regulation of the organization:**

**11. Whether organization has its own website: Yes/No**

If yes, please give address of the website and attach a copy of the Home page.

**12. Financial Details: (See Annexure-I)**

**13. Undertaking for Non-Blacklisting; (See Annexure-II).**

**B. Proposal:**

**1. Arts/Crafts proposed by the PIA for USTTAD training and names of State and district.**

<b>S. No.</b>	<b>Proposed Arts /Crafts</b>	<b>Proposed No. of Trainees</b>	<b>Training Duration</b>	<b>Proposed State(s)</b>	<b>Proposed District(s)</b>	<b>Proposed Block(s)</b>	<b>A write up on the Course curriculum/ Session plan/ Course Content for proposed Arts/Crafts (Attach a separate sheet for each of the above)</b>	<b>Page No. of supporting documents</b>