

Government of India Ministry of Minority Affairs

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for

Proposal for Empanelment of Project Implementing Agencies (PIAs) During 2015-16

"USTTAD"

(Upgrading the Skills and Training in Traditional Arts/Crafts for Development)

Important Instructions:

- 1. Application form should be completely filled and duly signed by President/Secretary/CEO/Head of Institution/Registrar of the organization.
- 2. The Index and page numbering should be properly done by the organization. Without Indexing and Page numbering the proposal will not be examined.
- 3. Information for Mandatory criteria should be given clearly and specifically. The enclosures should be attached as per prescribed format. The weightage for each mandatory criteria is indicated in the form and also available on Ministry's website www.minorityaffairs.gov.in.
- 4. It is mandatory to give complete information in the format. Incomplete forms will be rejected without notice. No supplementary document will be entertained after the submission of proposal.
- The proposals may be sent to the Under Secretary (RM&L), Ministry of Minority Affairs, 11th Floor, Paryavaran Bhawan, CGO Complex, Lodi Road, New Delhi-110003.
- 6. The last date of submission of completed duly signed Application Forms to the Ministry, is 26th October, 2015 (5:00 p.m.).

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Government of India Ministry of Minority Affairs

Proposal for Empanelment of Project Implementing Agencies under "USTTAD" during 2015-16

I. Details of Project Implementing Agencies (hereinafter Organization):

	Particulars	Information to be filled by Project Implementing Agencies
1	Name of Organization	
Part many by the - instance many many to	Address of Organization (in case Address of registered Headquarter is different than Address of Correspondence, please give both Addresses separately)	Registered Address: Address for Correspondence:
	Whether Society/Trust/Company/Others,	
4	please indicate 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	
5	Name of President/ Chairman/CEO/Head of Institution	
	Name of Secretary/Registrar	4.000
	Telephone/Mobile*	
	Email*	

^{*}To be communicated in case of change.

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II. Mandatory criteria for selection:

Note: The minimum qualifying points for an Organization to fall in zone of consideration for next level of screening under the scheme, would be 60 out of 100. Securing 60 points would not make the organization eligible for awarding a project. After qualifying, the organizations will be asked to present before Screening Committee for selection.

SI. no.		Criteria	Maximum Points	Indicate Page number as in the proposal
1		Criteria to be given weightage for short listing	100	and the state of t
	(a)	The number of years of existence and operation of the organization beyond the minimum requirement of three years. (Registration certificate to be uploaded). Marks would be awarded as follows: Total	3	
		3-6 years: 1 7-10 years: 2 More than 10 years: 3		
-		If the organization is not registered for minimum 3 (three), they will not be eligible to apply.		
	(b)	The number of projects funded by Central Government Ministries/Departments for skill development in modern skills exclusively. Marks would be awarded as follows: Total	6	energia de como como esta esta esta esta esta esta esta esta
		5-10 projects : 2 11-15 projects : 4 More than 15 projects :6		
	(c)	The number of projects funded by Central Government Ministries/Departments and implemented by the organization for training in traditional arts/crafts exclusively. Marks would be awarded as follows:	15	
v virible		5-10 projects: 5 11-15 projects: 10 More than 15 projects:		
	(d)	The number of projects funded by State Government Departments and implemented by the organization for training in traditional arts/ crafts exclusively. Marks would be awarded as follows:	5	anamanina (ganari 1985 daka jii a aa aa aa agaaceeda
		Total 5-10 projects: 2 11-15 projects: 4 More than 15 projects:		
		5	propriation may a superat	

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(e)	The number of minority youths trained by the organization during last 3 (three) years for traditional arts/ crafts exclusively in projects funded by the Central/State Government. Marks would be awarded as follows: 500-2000 youths: 4 2001 - 4000 youths: 7 More than 4000 youths: 10	10	
	Number of traditional arts/ crafts practiced by minorities particularly, for which the organization has Master Craftsmen (preferably awardee) attached to the organization. Marks would be awarded as follows: Total 2-5 crafts: 2 6-10 crafts: 4 More than 10 crafts: 6 e: List of names of crafts practiced by minorities, region Master Craftsmen attached)	6	
(g)	Financial viability of the Organization: Quantum of funds operated by the organization in last three years. The average of Expenditure of last 3 (three) years by the organization would be taken up to assess the viability. The Audited accounts with Auditors report for past 3 years to be provided. Marks would be awarded as follows: Total Rs. 20.00 lakh to Rs.50.00 lakh: 4 More than Rs.50.00 lakh to Rs.100 lakh: 8 More than Rs.100.00 lakh: 10	10	
(Note form	The number of graduate/ post-graduate professionals in traditional art/ craft sector and design development, qualified from reputed institutions like National Institute of Fashion Technology (NIFT), National Institute of Design, etc. and engaged by the organization for the projects for traditional arts/ crafts. Marks would be awarded as follows: Total 1-3: 3 4-6: 5 Over 6: 8 e: List of professionals to be attached in prescribed (at)	8	
	Number of successful Self-Help Groups (SHGs) formed by the organization in traditional arts/ Craft sector in last three years. Marks would be awarded as follows: Total 25-50: 3 51-75: 6 Over 75: 9 e: State-wise list of successful and functional SHGs along their arts/ crafts and photographs to be attached.)	9	

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	Total	100	- Contract Con
	Over 10 numbers : 9		
	6-10 numbers : 6		
	1-5 numbers : 3		
	Total	9	
	to establish market linkages. Marks would be awarded as follows:		
	PIA has signed the Memorandum of Understanding (MoU)		
(1)	Number of Retailers or e-commerce portals with whom the		
	Over 10 : 9		
	6-10:6		
	Total 1-5:3		
	organized by the PIA. Marks would be awarded as follows:		
	promote their sale. If so, the number of such events	9	
	buyers- sellers meet for traditional Artisans/ Craftsmen to		
(k)	Any experience of the PIA in organizing exhibitions or	эт н он опоми мен түүүн н оноомоф нь түү	
	More than 10 years: 10		
	6-10 years: 8		
	1-5 years: 4		
	Total		
	awarded as follows:	10	
1	Group was formed by the PIA). The marks would be		
	indicates the year in which the first successful Self-Help		
	promoting livelihood generation. (This will be assessed by the authentic document to be submitted by the PIA which		
	development in craft sector, establishing market linkages and		
(i)	The experience of the PIA in business/ entrepreneurship		

^{*} All documents submitted by the organization will be subjected to cross verification and if found wrong, the organization will be blacklisted.

III. Own Branches/Centres of the Project Implementing Agencies:

SI. No.	State	District	Name of Branch Head	Address and Phone Number of the branch
1		**************************************		3,41,41

IV. Details about Skill Development Projects funded by Central Ministries/Departments:

S. n o.	Year	Name of the Sponsoring Ministry/De partment	Location of the project (District and State)	1	umber Fraines		Number of Minority Trainees out of the total	Cost of the project		nd Names of Skill	Name of Certifying agency
	And the second s			Boys	Girl s	Total			Modern (MES) exclusiv ely	Traditional arts/crafts exclusively	The second secon

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

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V. Details about Skill Development Projects for Traditional arts/crafts exclusively funded by State Government/UT Administration:

S. n o.	Year	Name of the Sponsoring State/UT Department	Location of the project (District)	Num	ber of T	rainees	Number of Minority Trainees out of the total	Cost of the project	Name of Traditional arts/crafts for which the training has been imparted	Name of Certifying agency
				Boys	Girls	Total				

VI. List of Master Craftsmen attached with the organization:

S. No.	Name o Master craftsman	of	Male/ Female	Field o arts/crafts	Whether belongs to minority community (Yes/No), if yes indicate name of community	Experience (in years)	Name of Cluster and District where he/she belongs	Whether National/State Awardee and name and year of award
		-						

VII. Details about Experience in formation of Self-Help Groups (SHGs) in last three years:

SI. No	Nam e of the State	Name of the Distric t	Name of the SHG formed by the organizatio n.	Year of Formation	Tradition al Art/craft being practiced by the SHG	Communitie s involved in the SHG	Whether Functiona I at present (Yes/No)	Annual net income of the SHG (In Rupees

(Note: Attach bank statement of last six months for each SHG)

VIII. Whether the organization has ever organized promotional exhibitions or marketing event for traditional arts/crafts:

S.no.	Year	Sponsoring agency	the	Names of the arts/crafts covered	artisans/craftsmen	Location of the event (District and State)

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IX. Branch or Centre-wise list of Graduate/Post Graduate Professionals in Traditional arts/crafts and design development and qualified from reputed institutions like NIFT, National Institute of Design etc., engaged by the organization (Please give separate Tables for each Centre):

S. No.	Name of Professional	Male/ Female	Educational Qualification	Expert in which field of arts/crafts	Experience (in years)	Regular or Part Time*
				 ·		
<u> </u>						
<u></u>						<u> </u>

^{*}Regular means - on the pay roll of the Project Implementing Agencies.

X. Number of Retailers or E-Commerce portals with whom the PIA has signed the MoU to establish market linkages:

S. No.	Name of Retailer/ E- Commerce Portal	Address of Head Office of Retailer/ E- Commerce Portal	Date of Signing and validity period of MoU	Purpose of MoU

(Note: Attach Self attested copies of the MoUs)

XI. Whether Audited Accounts (with Auditor's Report) for last Three years attached:

Yes/No

- XII. Whether organization has ever been blacklisted, if so, please indicate:
 - (i) Name of Blacklisting Authority:
 - (ii) Date of Blacklisting:
 - (iii) Reason from blacklisting:
 - (iv) Date of deletion of name from Blacklist:

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XIII. Declaration by President/Secretary/CEO the Organization /Head of the Institution

I,		President/Secretary/CEO/Head				
	,	son	/	daughter /	wife	of
	***************************************	****		resident		of
*****		***********		(Address)	here	eby
decl	are that the information given abov	e is true to t	he	best of my ki	rowled	ge.

Signature of President/Secretary/CEO/Head of Institution (Give Full Name Signing Authority) Official Stamp

XIV. Additional Lists/Documents to be enclosed:

- Managing Committee of Organization. Memorandum of Association/Bye Laws (i) (ii)