

APPLICATION FORM FOR AFFILIATION OF ASSOCIATE MEMBERSHIP/ASSOCIATE TRAINING PROVIDERS (TP) TO APPAREL MADE-UPS & HOME FURNISHING SECTOR SKILL COUNCIL (AMHSSC)

1. Procedure of Grant of Affiliation:
 - (a) Submission of duly filled application form with applicable fee of Rs. 50,000/-.
 - (b) Evaluation by AMHSSC
 - (c) Submission of QP / NOS Aligned Curriculum for all the job roles.
 - (d) Curriculum alignment check by AMHSSC and addressing of gaps by TP.
 - (e) Grant of Affiliation by AMHSSC.
2. The certificate will be valid for 1 year from the date of issue.
3. A print-out of this application form along with hard copies of the relevant documents has to be sent to AMHSSC by the TP.
4. Each and every page should be stamped and signed (Authorized Signature) by the applicant TP.
5. A declaration/board resolution (if available) should be furnished by the TP endorsing the authorized signatory.
6. In addition to hardcopy, please submit the scanned copy of the application form and the requisite supporting enclosures (please scan the application documents after stamping and signing).
7. Any training batch may be subject to random audit for compliance.
8. All AMHSSC affiliated TPs shall be eligible to participate for any Gov. / Non- Gov. Schemes and for only Non-PMKVY subject to compliance.

Date:

Authorised Signatory

Company Seal:

After the grant of affiliation, the Training Providers would not automatically become entitled for any training numbers under various schemes of Government/NSDC. Accordingly TPs may affiliate with AMH SSC, keeping the above in consideration.



SECTION 1: INSTITUTE INFORMATION AND CREDENTIALS

1. Name and address of the Organization-

2. 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): _____

3. Name of Director / Organization Head-

Date:

Company Seal:

1. Contact Person / Coordinator for AMHSSC-

Name: _____

Contact No. (M): _____ (LL): _____

Email ID: _____

2. 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 Annex- A)

3. Is the Institute affiliated / recognised with any Body?

YES

NO

If yes, provide details:

a. Name of the Body affiliated with: _____

(Attach Certificate)

Authorised Signatory

4. Is the Institute participating / has participated (in last 03 years) in any NSDC / Govt. scheme on skill development?

YES

NO

If Yes, Attach relevant Certificate and provide details:

S. No.	Name of Scheme	Ministry / Department	Since when participating

SECTION 2: AFFILIATION AND TRAINING

1. Job Roles for which affiliation sought:

S. No.	Job Role	AMHSSC QP / NOS reference	QP compliant Curriculum ready (Yes / No)	QP compliant Content ready (Yes / No)	Location / Centres where training will be conducted	Date by which training will commence

(More rows can be added, if required)

Date:

Authorised Signatory

Company Seal:

2. 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)

3. Methodology of mobilizing 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)

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

S. No.	Job Role	Name of the Company

Date:

Authorised Signatory

Company Seal:

5. Have you conducted training in Apparel, Made-ups or Home Furnishing sectors or any other related sector?

YES

NO

If yes, provide details:

S. No.	Sector	Job Role	Year of conduct	No. Trained

6. Details of Apparel/Made Ups/Home Furnishing Trainer available:

S. No.	Name	Industry Experience	Academic Qualification	Certified trainers (Yes / No)

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 of staff on crisis handling & handling for firefighting equipment's
 - (ii) Availability of firefighting / safety equipment's
 - (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 of Master Trainers
- (m) Content development capability (if In-house exists)

Date:

Authorised Signatory

Company Seal:

Check List

Affiliation Document Checklist			
SNo.	List of Documents	Enclosed	Nature of Documents
1.	Cover Letter	Yes / No	Mandatory
2.	Application Form	Yes / No	Mandatory
3.	List of Branches –Annex A	Yes / No	Mandatory
4.	PAN and IT Return	Yes / No	Mandatory
5.	Audited Balance Sheet of Last Three Years	Yes / No	Mandatory
6.	Registration Certificate of Trust/Society	Yes / No	Mandatory
7.	Building Approval Document	Yes / No	Mandatory
8.	Staff Particulars	Yes / No	Mandatory
9.	CVs of the Teaching/Training Staff	Yes / No	Mandatory
10.	Training detail of Staff	Yes / No	Mandatory
11.	Drinking Water Facilities Details	Yes / No	Mandatory
12.	Health and Sanitary Conditions & Facilities Details	Yes / No	Mandatory
13.	Fire Safety Facilities Details	Yes / No	Mandatory
14.	Previous Training Record	Yes / No	Mandatory
15.	Copy of Recognition Certificate	Yes / No	Mandatory
16.	Copy of Affiliation Certificate	Yes / No	Mandatory
17.	All Proof of Delivery of Govt. (Central/State/UT) sponsored skilling programs in last two years.	Yes / No	Mandatory
18.	Details of Grants received in last three years	Yes / No	Mandatory
29.	Supporting Documents for Mobilization of candidates (refer Section 2, point 3)	Yes / No	Mandatory

The NEFT/RTGS details for submitting the fees for affiliation and applied job roles are given below:

Apparel, Made-ups and Home Furnishing Sector Skill Council
A/c No. 50100175191520 (HDFC Bank)
IFSC/RTGS Code: HDFC0000011
Branch: D – 1, Shopping Centre No. 2, Vasant Vihar, New Delhi – 110057

Request you to arrange all the documents as per the above mentioned sequence and send the HARD COPY (Spiral Binding Preferable) to the address mentioned below:



Apparel, Made-Ups & Home Furnishing Sector Skill Council
Flat No. A-312 to A-323, 3rd Floor, Somdatt Chamber-1
Bhikaji Cama Place, Africa Avenue, New Delhi-110066
www.sscamh.com

ANNEX 'A'

List of All Branches / Centres:

Job Role	Training Start Date	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)	Attach CV

- More rows can be added, if required

Date:

Company Seal:

Authorised Signatory

Center Report

SSC Information

Name of SSC:

Name of the Validator:

Contact number of the Validator:

Date of Validation: [mm/dd/201x]

Training Partner Information

Training Provider Name:

Training Center Name:

Training Center ID [SDMS ID], if generated:

Training Center SPOC name:

Training Center SPOC Email Address:

Contact number of SPOC:

Training Center Phone Number:

Training Center Complete Address:

Training Center present on which floor:

Major Landmark near the Training Center:

Center Information

Type of center: Owned/Franchise

If franchise, name of the franchise partner:

Mobility of center: Fixed/Mobile:

Job Role:

Type of training conducted on center:

Self-funded: Yes/No

NSDC: Yes/No

STAR:Yes/No

MoRD: Yes/No

State govt. funded schemes: Yes/No

other central govt schemes:Yes/No

Usable area of the center [in Sq.ft.]:

Number of Classrooms:

Number of Floors:

Labs/Workshops/Simulators:

Brief about the Center

<<Mention 5-6 lines about the center including its good and bad points; areas of improvement>>

5 Pictures of the Center

Picture 1: Approach Road



Picture 2: Outside of Classroom



Picture 3: Inside of Classroom



Picture 4: Labs

