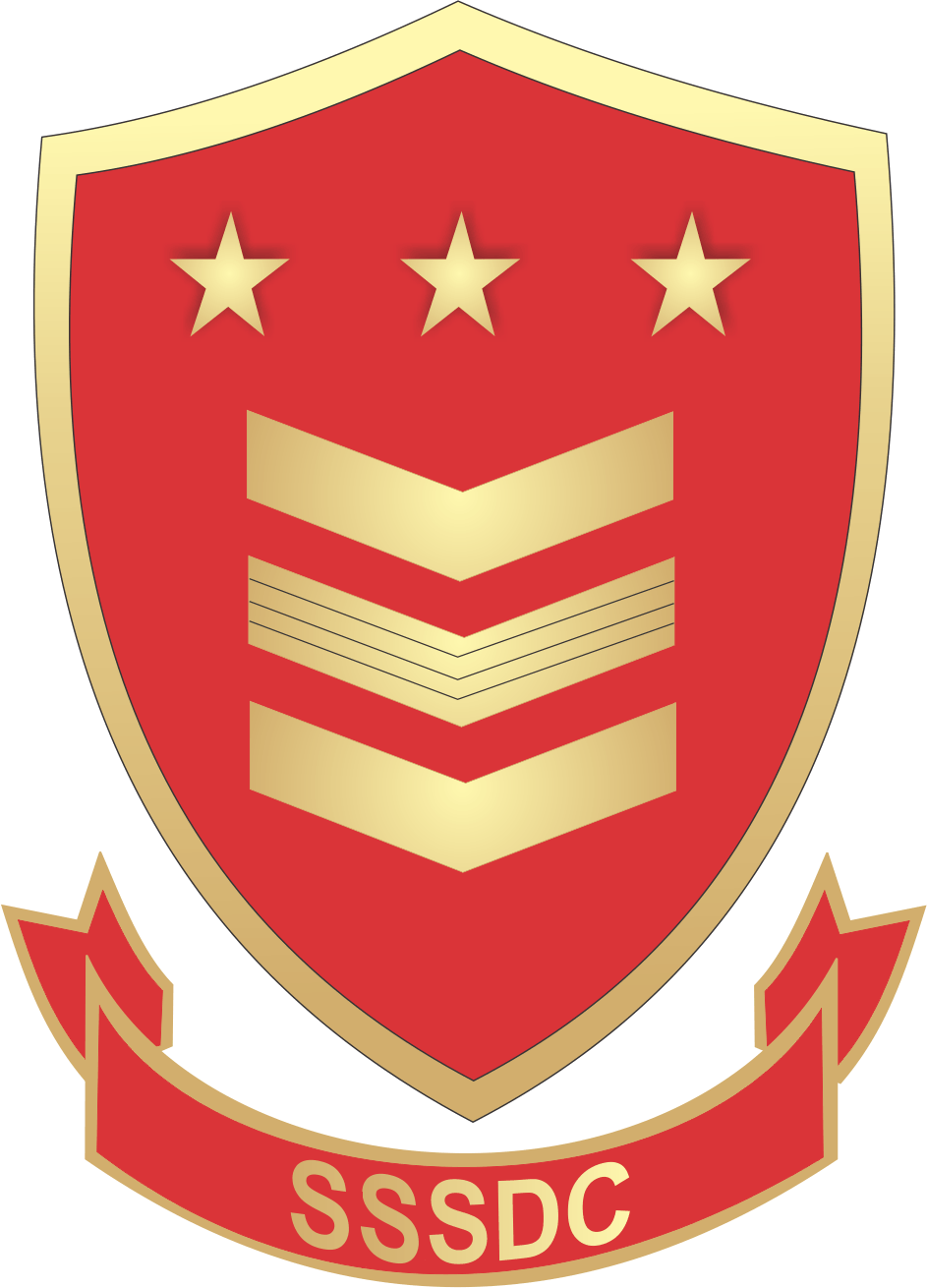
ON-LINE APPLICATION FORM FOR AFFILIATION

Vocational Training Providers

By

Security Sector Skill Development Council (SSSDC)



**Empowering the Private Security Sector**

**GENERAL INSTRUCTIONS**

1. The application has to be applied online by the VTP interested for affiliation.
2. The link to the application will be available via SSC website
3. Copies of all the relevant documents should be scanned and uploaded with the online application form.
4. In addition to online application, a print-out of this application form along with hard copies of the relevant documents has to be sent to the concerned SSC by the VTP.

**APPLICATION FOR AFFILIATING FOR THE FOLLOWING JOB ROLES**

**(AS PER QUALIFICATION PACKS):**

|  |  |
| --- | --- |
| S. No | Job Roles |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

(More columns will get added, if required)

**Section 1: Institution and Management Profile**

1. Name of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Whether NSDC funded – **Yes ☐ No ☐**

If Yes, provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name(s) of the Director(s):

|  |  |
| --- | --- |
| S No. | Names |
|  |  |
|  |  |
|  |  |
|  |  |

1. Contact Details of the Institution:

|  |  |
| --- | --- |
| Postal Address |  |
| Phone Number with STD code |  |
| Fax No. |  |
| Email of Director(s) |  |
| Website Address |  |

1. Year of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Prior Exposure of the Institution in Skill Development Space

|  |
| --- |
|  |

1. Medium of instructions in Institute:

☐ English ☐Hindi ☐ Any Other

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Institute have branches?

**Yes ☐ No ☐**

**(If Yes, attach the list of Branches as Enclosure 1)**



|  |  |
| --- | --- |
| Tan No. |  |
| Pan No. |  |

**(Attach photocopy of the PAN card and last IT return as Enclosure 2)**

1. Turnover of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach Audited balance sheet of last 3 years as Enclosure 3)**

1. Is the Institute Recognized with any bodies?

**Yes ☐ No ☐**

If Yes, Please mention the following:

|  |  |
| --- | --- |
| Name of the Body with which recognized |  |
| Recognition No |  |
| Year of Recognition |  |
| Validity of Recognition |  |

**(Attach Recognition certificate as Enclosure 4)**

1. Is the Institute Affiliated with any Regulatory Body?

**Yes ☐ No ☐**

1. If Yes, Please mention the following:

|  |  |
| --- | --- |
| Name of the Regulatory Body with which affiliated |  |
| Affiliation No |  |
| Year of Affiliation |  |
| Validity of affiliation |  |

**(Attach Affiliation certificate as Enclosure 5)**

1. Educational Qualifications and Experience of the Director/s and the Management Team members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Director/ Management Team Members | Educational Qualifications | Overall Work Experience  (in years) | Prior Experience in the Skills Training Space | Key Achievements in the Skills Development |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Details of the Operation Head and the Affiliation Coordinator of the VTP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Operations Head and Affiliation Coordinator | Educational Qualifications | Overall Work Experience  (in years) | Prior Experience in the Skills Training Space | Key Achievements in the Skills Development |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Provide the Contact Details of the Directors/ Management Team/ Operations Head/ Affiliation Coordinator

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Contact Address | Contact Numbers – Both Land Line and Mobile | Email-ids |
|  |  |  |  |
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**Section 2: Quality Aspects in Institution Governance**

1. Does your Institution have a “Mission Statement”?

**Yes ☐ No ☐**

1. If Yes, please write the Mission Statement in the space provided below:
2. Does your Institution have as “Operations Manual”?

**Yes ☐ No ☐**

1. Please certify if your “Operational Manual” cover the aspects mentioned below in the table. At the time of affiliation assessment, the Operations Manual will have to be presented for physical verification.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Background of the Institution |  |  |
| Organization Structure |  |  |
| Details of other Affiliations, if applicable |  |  |
| Industry Linkages |  |  |
| Profile of Senior and Middle Management |  |  |
| Profile of trainers |  |  |
| Details of Infrastructure, workshop, store etc. |  |  |
| Process of internal evaluation |  |  |
| Placement cell details and its placement tracks |  |  |
| Courses offered |  |  |

1. In the space provided below, provide the financial resources which shall be capable of sustaining a sound vocational educational program consistent with its stated mission and objectives.
2. Provide the list of all statutory and regulatory compliances followed by the Institution.

**Section 3: Training Operations - Processes**

1. Details of documented process for management of Human Resources. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Recruitment guidelines and criteria based on required competencies |  |  |
| Process of reviews to identify competency gaps vis-à-vis requirement in the in-house talent |  |  |
| Training and professional development plan and processes |  |  |
| Maintaining records of qualifications and experience |  |  |
| Process of motivation and enhancement of self-esteem amongst the staff |  |  |
| SSC Specific add-ons |  |  |

1. Details of the Teaching Staff

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name | Designation | Degree/  Diploma | Training  Certificate | Industry  Experience | Instruction  Experience | Regular/Visiting |
|  |  |  |  |  |  |  |  |
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1. Have the Trainers undergone any specialized training?

**Yes ☐ No ☐**

**(If Yes, attach the Details of the training as Enclosure 6)**

1. Administrative Support Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Staff | Permanent | Temporary/Part-time | Total |
| 1. | Office Manager |  |  |  |
| 2. | Office Staff |  |  |  |
| 3. | Lab Attendants |  |  |  |
| 4. | Accountant |  |  |  |
| 5. | Support Staff |  |  |  |
| 6. | Others |  |  |  |

1. Details of the Curriculum of the all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of curriculum on the basis of QP and NOS developed by the SSC |  |  |
| Review process to gauge the effectiveness of the curriculum developed |  |  |
| Clear demarcation of time to theory and practical as per the criteria set by regulatory bodies |  |  |
| Pedagogy inclusive of time schedule and lesson plan |  |  |
| Process of SME engagement in curriculum design and development |  |  |
| Review process for approval of curriculum from the SSC |  |  |
| SSC specific |  |  |

1. Details of the Courseware of all the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Process of adoption and/or development of courseware on the basis of QP and NOS based curriculum approved by SSC |  |  |
| Existence of Facilitators Guide |  |  |
| Existence of Trainer Guide |  |  |
| Existence of Participant Manuals |  |  |
| Existence of Assessment Guides |  |  |
| Existence of participant feedback forms |  |  |
| Existence of Training Delivery Plans |  |  |
| Review process to gauge the effectiveness of the courseware developed |  |  |
| Process of SME engagement in courseware design and development |  |  |
| Review process for approval of courseware by the SSC |  |  |
| SSC specific |  |  |

1. Details of the Teaching Process for the courses offered. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Time table |  |  |
| Delivery plan |  |  |
| Monitoring and evaluation process of students – continuous assessments, tests, examination etc. |  |  |
| Management of student evaluation records |  |  |
| Lab/ workshop exposure and its linkage to theoretical delivery |  |  |
| Industry visits |  |  |
| SSC specific |  |  |

1. Details of Training Methodology. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of training methodology |  |  |
| Existence of training aids |  |  |
| SSC Specific |  |  |

1. Details of Methodology adopted for Continuous Evaluation. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of Continuous Evaluation |  |  |
| Documented process on student monitoring on learning |  |  |
| SSC specific |  |  |

1. Details of Methodology adopted for Industrial Interface. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documentation process of engagement of experts from the industry |  |  |
| Documented process on integration of real life problems from the industry and exposing students sample solutions |  |  |
| SSC Specific |  |  |

1. Details of Methodology adopted for Student Development. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of imparting soft skills training |  |  |
| Documented process of providing guidance to students on placements |  |  |
| Documented process on OJT/ Placement facilitation |  |  |
| SSC Specific |  |  |

1. Details on Student Admissions. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Printed brochure/ prospectus |  |  |
| Documented policy and procedures for admissions |  |  |
| Concessions policy |  |  |
| Process of keeping the safe custody of student documents |  |  |
| Student agreement with the institution at the time of admission |  |  |
| SSC Specific |  |  |

1. Provide the availability of aspects related to the Learning Environment:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Are the classroom illumination levels sufficient |  |  |
| Are the classroom ventilated enough |  |  |
| Do the classroom and rest of the centre maintain the required cleanliness |  |  |
| Do the classroom and rest of the centre weather protected |  |  |
| SSC specific |  |  |

1. Library details:

|  |  |
| --- | --- |
| Total number of Books related to the trade(Technical and Non- Technical) |  |
| Number of Magazine |  |
| Number of Dailies (newspapers) |  |

1. Provide the availability of aspects related to the Infrastructure:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Details** | **Remarks** |
| Building Own/Rented/ On Lease |  |  |
| Area of Institute Premises |  |  |
| Size of classrooms |  |  |
| Size of Labs |  |  |
| Size of workshops |  |  |
| Number of classrooms |  |  |
| Number of Labs |  |  |
| Number of workshops |  |  |
| Safe drinking water (Yes/No) |  |  |
| Power backup (Yes/No) |  |  |
| Separate toilet for Boys and Girls (Yes/No) |  |  |
| Provision of transport facility, if applicable (Yes/No) |  |  |
| SSC Specific |  |  |

1. Ages of Critical Equipment that are more extensively used for Trade Training in the Workshop

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Trade | Facilities | No. | Average age in No. of Years | Remarks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Details on Health and Safety of the learners. Certify the existence of the aspects listed below and will have to be physically produced to the affiliation assessors.

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of staff training on crisis handling |  |  |
| Availability of equipment required for covering indoor and outdoor emergencies |  |  |
| Documented process on providing training on the equipment on indoor and outdoor emergencies |  |  |
| Availability of equipment required for fire safety |  |  |
| Documented process on providing training on the fire safety equipment |  |  |
| Health policy including collection of required medical record of staff and students |  |  |
| Compliance to the regulatory norms related to health and sanitary conditions |  |  |
| Documentary proof of compliances certified by the competent authority |  |  |
| SSC Specific |  |  |

**Section 4: Performance Measurement and Improvement**

1. Documentary evidences of suitable indicators to monitor and measure the performance. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of trade learning progress |  |  |
| Documented processes of workshop upkeep and modernization |  |  |
| Documented process on tracking health and safety incidences |  |  |
| Documented process on gathering feedback of placed students with the employers |  |  |
| Documented process of tracking trends in employability and placement record |  |  |
| SSC specific |  |  |

1. Documentary evidences of practicing continual improvement. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of taking student feedback on curriculum |  |  |
| Documented processes of taking student attendance |  |  |
| Documented process on tracking student dropouts |  |  |
| Documented process on tracking student performance on tests |  |  |
| Documented process of tracking teacher attendance |  |  |
| Documented process of tracking placement patterns |  |  |
| SSC Specific |  |  |

1. Documentary evidences of Management Review. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process of conduction of Management Review Meetings (MRM) |  |  |
| Documented processes of taking actions on the basis of MRM |  |  |
| Documented process on tracking Faculty Review |  |  |
| Documented process on tracking training needs of the faculty by the management |  |  |
| Documented process of tracking student complaints and redress of the same |  |  |
| Documented process of analysis of student feedback |  |  |
| Documented process of analysis of results in skills assessment |  |  |
| SSC Specific |  |  |

1. Documentary evidences of mechanism on Complaint Handling. Key aspects that need to be certified by the applicant are:

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Yes/No** | **Remarks** |
| Documented process on Information Sharing on complaints with all stakeholders |  |  |
| Documented processes of acknowledgement of receipt of complaint |  |  |
| Documented process on investigation of the complaint |  |  |
| Documented process on tracking training needs of the faculty by the management |  |  |
| Documented process of tracking student complaints and redress of the same |  |  |
| Documented process of investigating the student complaints |  |  |
| Documented process of closure of the student complaint |  |  |
| Documented process of keeping record of student complaint |  |  |
| SSC specific |  |  |

**Other Relevant Information**

1. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source?

**(Attach details of grants received in last 3 years as Enclosure 7)**

**Performance Review**

1. **Overall**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Performance Criteria** | **Unit of Measurement** | **2012-13** | **2011-12** | **2010-11** | **Remarks** |
| 1. | Utilization of Students seating capacity | % |  |  |  |  |
| 2. | Retention Rate (Of students admitted) | % |  |  |  |  |
| 3. | Students/Teaching Staff | Ratio |  |  |  |  |
| 4. | Pass out (Of students appeared) | % |  |  |  |  |
| 5. | Students on completion got jobs | % |  |  |  |  |
| 6. | Total yearly expenditure / Initial budget sanctioned | % |  |  |  |  |
| 7. | Students on completion expressing satisfaction on quality of training | % |  |  |  |  |
| 8. | Teachers expressing satisfaction on all round conditions of the VTP | % |  |  |  |  |
| 9. | SSC specific |  |  |  |  |  |

**B. Trade wise**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Course Name** | **Duration** | **No. of batch/ year** | **Students in each batch** | **No. of trainees appeared for Exam** | **No. of trainees certified** | **No. of trainees placed** | **Remarks** |
|  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **List of Enclosures** | **Enclosed** |
| List of Branches | **Yes ☐ No ☐** |
| PAN and IT Return | **Yes ☐ No ☐** |
| Audited Balance Sheet | **Yes ☐ No ☐** |
| Registration Certificate of Trust/ Society | **Yes ☐ No ☐** |
| Copy of Recognition Certificate | **Yes ☐ No ☐** |
| . Copy of Affiliation Certificate | **Yes ☐ No ☐** |
| Building Approval Document | **Yes ☐ No ☐** |
| Staff Particulars | **Yes ☐ No ☐** |
| Training detail of Staff | **Yes ☐ No ☐** |
| Drinking Water | **Yes ☐ No ☐** |
| Health and Sanitary Conditions | **Yes ☐ No ☐** |
| Fire Safety | **Yes ☐ No ☐** |
| Bus Service details | **Yes ☐ No ☐** |
| Details of Grants received in last 3 years | **Yes ☐ No ☐** |
| Detail of Assessment procedure | **Yes ☐ No ☐** |

**Appendix**

**(Refers to Para 3.10 of Protocol)**

**TRAINING EQUIPMENT FOR LABS/DISPLAY**

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Equipment** | **Remarks** |
| 1 | Hand held metal detector |  |
| 2 | Door frame metal detector |  |
| 3 | Under chassis inspection mirror |  |
| 4 | Rescue stretcher |  |
| 5 | Water CO2 extinguisher empty 9Ltr |  |
| 6 | Water CO2 extinguisher empty 9Ltr |  |
| 7 | Dry chemical powder(DCP) Type extinguisher 5Kg |  |
| 8 | DCP Portable extinguisher (empty) |  |
| 9 | CO2 Fire extinguisher (empty) 4.5Kg |  |
| 10 | Fire Demo Tray (3x3ft, 2’’ depth) |  |
| 11 | Fire Hydrant |  |
| 12 | Fire Hose with Nozzles and Couplings |  |
| 13 | Fire Fighting Hook |  |
| 14 | Fire Fighting Hammer |  |
| 15 | Fire Fighting Axe |  |
| 16 | Fire Beater |  |
| 17 | Fire Fighting Buckets |  |
| 18 | I Cards to include Sample/Visitor/Temporary/Smart Cards |  |
| 19 | One set of a Uniform to include all items worn by a security Guard |  |
| 20 | One complete First Aid Kit / Equipment |  |
| 21 | Model of CCTV System |  |
| 22 | Model of Fire Alarm System |  |
| 23 | Model of Smoke Detector System |  |
| 24 | Public Address System |  |
| 25 | Hooters and Alarms |  |
| 26 | Wireless Radio Sets with Base Station |  |
| 27 | Training Charts |  |
| 28 | Seat Harness |  |
| 29 | Full Body Harness |  |
| 30 | Pulleys |  |
| 31 | Mannequins |  |
| 32 | Automated External Defibrillator |  |
| 33 | One Way Mask |  |
| 34 | Air Rifle |  |
| 35 | Air Pistol |  |
| 36 | Access Control System eg Biometrics, Smart Cards, etc |  |
| 37 | Alarm Systems |  |
| 38 | Under car scanner |  |
| 39 | Video Door Phones |  |

**Note:-**

Scale – One item each for a Laboratory/Model Room.

One item each for 30 students/per class.

Specialized equipment as per requirement.

Equipment will be held by Training Provider as per the courses being conducted.