

**Invitation for Request for Proposal (RFP)
For
Empanelment of Training Partner**

By

**SAFETY SKILL DEVELOPMENT FOUNDATION
D-507, Light House, Town Square
Sector 82A, Gurugram - 122004, Haryana, India**

RFP NO: SSDF/RFP/TP-01/2023-24

Date: 02/03/2024



**SAFETY SKILL DEVELOPMENT FOUNDATION
D-507, Light House, Town Square
Sector 82A, Gurugram - 122004, Haryana, India Phone No: 91 (124) 3634989
Website – www.ssdfindia.org, E-Mail – operations@ssdfindia.org**

1. **SAFETY SKILL DEVELOPMENT FOUNDATION (SSDF)** invites proposals from the experienced agencies to participate in this **Request for Proposal (RFP)** for the **Affiliation as Training Partners**. The purpose of this RFP is to seek responses from the eligible training partners with the aim of selecting a sole organization to deliver comprehensive training services in the field of occupational health and safety to **SSDF**.
2. The **Safety Skill Development Foundation (SSDF)**, a Not-for-Profit organization under section 8 of company Act 2013 and recognized as an **Awarding Body** under **National Council for Vocational Education and Training (NCVET)**, Ministry of Skill Development & Entrepreneurship (MSDE), Government of India and its corporate office at D-507, Light House, Vatika Town Square 1, Sector 82A, Gurugram, Haryana-122012.
3. The objective of the RFP is to affiliate eligible training partners to provide skill training to Indian youth on SSDF qualifications, certifying them upon successful completion. It also includes certification of working professional on qualifications through recognition of prior learning (RPL).
4. Training organizations that have possessing the necessary training infrastructure and are capable in providing training through certified trainers to youth or professionals on SSDF qualifications are eligible to apply for affiliation as training partner.
5. The affiliation of training partner with SSDF will be determined through a fair evaluation of eligibility criteria and parameters.
6. Mere submission of the proposal does not guarantee affiliation as RFP is open for recognition of best suitable training partners for the SSDF qualifications. Please be aware that SSDF will not reimburse any cost incurred for providing information or administrative expenses related to the RFP. All expenses associated with the response will be the responsibility of the responding party.
7. The selected training providers will be asked to deposit one time affiliation fee of Rs. 8000/- (to be paid on receipt of an official email from SSDF confirming the eligibility of the agency for the affiliation with the SSDF) before issue of affiliation certificate. The validity of the affiliation will be for two years. Upon the expiration of the validity period, training provider will be required to undergo reaffiliation with biannual fee of Rs. 4000/.
 - a. Policy for Affiliation of Training Partner [TP AFFILIATION POLICY](#)
 - b. [List of Job roles \(Refer Annexure H\)](#)
8. Following documents are attached for you to check your eligibility and assess the parameters on which merits will be drawn.
 - a. Cover letter – As per **Annexure A**
 - b. Organization Profile – as per **Annexure B**
 - c. Training and placement record of last three financial years – As per **Annexure C**
 - d. List of training center in SID – As per **Annexure D**
 - e. Affidavit – As per **Annexure E**
 - f. Declaration of Authorized Signatory – As per **Annexure F**
 - g. Declaration – As per **Annexure G**

h. List of Job Roles- **Annexure H**

9. Important Information

RFP Release date	02/03/2024
Last date for submission of proposal	10/04/2024
Link to submit the proposal form	Click here
Affiliation fee	Rs.8000/-
MoU & Issue of affiliation Certificate	15 days from the date of receipt of the application.

10. Account details of SSDF for affiliation fee

Account No: 50200064586706

IFSC Code: HDFC0000955

Branch Address: Udhna

First & Second Floor,

12-12 Navrang Industrial Society Sosyo Circle, Udhana Magdalla Road, Surat, Gujarat.

11. The proposal must be shared through online [google form](#) and the hard copy of the form with all the supporting shall reach to the below mentioned address in physical form with all supporting documents.

SAFETY SKILL DEVELOPMENT FOUNDATION

D-507, Light House, Town Square

Sector 82A, Gurugram - 122004, Haryana, India E-Mail - operations@ssdfindia.org

12. For any query you may contact at Phone No: **91 (124) 3634989** or visit our website www.ssdfindia.org

Client:

SAFETY SKILL DEVELOPMENT FOUNDATION

D-507, Light House, Town Square
Sector 82A, Gurugram - 122004, Haryana, India

Annexure A
(On the letter head of the organization)

Cover Letter

To,

The Chief Executive officer,
SAFETY SKILL DEVELOPMENT FOUNDATION
D-507, Light House, Town Square
Sector 82A, Gurugram - 122004, Haryana, India

Dear Sir/ Madam,

Subject: Empanelment of Training Providers with SSDF

We the undersigned, hereby submit our proposal in response to the RFP issued by SSDF(No).....
Dated.....and confirm the following:

1. The response submitted by.....(Name of the company as per the certificate of incorporation) complies with the Terms and Conditions outlined in the RFP issued by SSDF.
2. We have thoroughly reviewed the RFP and comprehended all the terms and conditions outlined in the document provided by SSDF and Our application is aligned with all the requirements stated in the RFP Document.
3. To the best of our knowledge and understanding, the details provided in our application is complete in all aspect, strictly adhere to the requirements specified in the RFP Document. We shall be solely responsible for any errors, omissions, or misrepresentations in our RFP Bid.
4. We understand that SSDF reserves the right of affiliation and our application may be declined at any time without providing a specific reason.
5. We understand that SSDF reserves the right to cancel this RFP at any time without providing any specific reason whatsoever.

Signature of Authorized Signatory of the Company (along
with Company seal and sign)

Name and Title of the Authorized Signatory:

Name of the organization:

In the company of /Designation

Correspondence Address:

Contact Information:

Annexure B
(On the letter head of the organization)

Organization Profile

RFP Response Form: Corporate Information

Please provide the following information about your company.

Sr. No	Application For Empanelment as Training Partner	
1	Particular	Details
2	Organization Name	
3	Parent Company Name (if different)	
4	Name of the Head of the Organization	
5	E-Mail and Mobile No. of the Head of the Organization	
6	Name and Designation of the SPOC	
7	Contact Details (E-Mail and Mobile No.) of SPOC	
8	Address of Head Office:	
9	Nature of Legal Entity (i.e. Company/ Society/ Charitable Trust/ LLP etc.)	
10	Corporate website URL	
11	Registration/Incorporation No	
12	Date of Registration/Incorporation	
13	PAN No	
14	GST No (If available)	
14	Turnover in the last 3 Years:	FY 2020-21 -...../- FY 2021-22 -...../- FY 2022-23 -...../- Submit a CA Certificate stating the above figure with UDIN. Also submit audited financial statements for the last 3 FYs along with ITR.

▪ **Industry Engagement:**

Sr. No.	Sector Name	Association with respective Sector Skill Council (SSC) (Yes/No)	Nature of Association with Sector Skill Council (SSC)	Industry Linkage (Name of Industry, Industry Body)

▪ **Whether the Applicant organization is affiliated as Training Partner with NSDC (Y/N):**

▪ **Is the applicant Organization affiliated/ recognized with State Skill Missions/ Skill Universities/ Any Government body/ School Education Board/ University (Y/N):**

(If yes provide details)

Name of recognizing body:

(Attach certificate)

▪ **Governance and Manpower**

- I. Structure of the organization (organogram)
- II. Senior Management & Training staff Details

S. No.	Name	Designation	Employed Since	Educational qualification	Role & Responsibility	Past Experience	Contact number	E-mail

Annexure C

(On the letter head of the organization)

Training and Placement Record of last 3 Financial Years

S. No.	Project	State	Trade/ Job role	Target Allotted	Total Enrolled	Total Trained	Total Certified	Total Placed

For and on behalf of.....

Signature:

Name:

Designation:

Date:

Annexure –D

(On the letter head of the organization)

I _____ do hereby declare that the following is the list of centers and Job roles registered, accredited, and affiliated on SID.

List of centers and Job roles registered, accredited, and affiliated on SID

TP ID:

S No	Name of Training Centre	Address	District & State	TC ID	Star Rating*	Job Role*	QP Code	Sector	NSQF Level

For and on behalf of

Signature:

Name:

Designation:

Date:

Annexure E

(Affidavit on non-judicial stamp paper of Rs.100/- or more by Authorized Representative and Signatory of the Bidder with his/her dated signature and company seal)

AFFIDAVIT

1. I/We hereby confirm that all the statements made in our bids in response to the RFP Reference No. Dated and in the required attachments are true, correct and complete. I/we, understand that providing any false information or fabricated document may result in the rejection of our bid at any stage, in addition to potential legal liabilities and prosecution under applicable laws.
2. On behalf of (Name of the Agency), with its registered office at I/We declare that the aforementioned bidder is not under any declaration of ineligibility for corrupt and fraudulent practices or for any other reason, whatsoever. Furthermore, the bidder has not been blacklisted/debarred by the Government of India, its agencies, including public enterprises, any State Government or their respective agencies.
3. On behalf of(Name of the Agency), I/We hereby confirm and commit that we have carefully read and understood the entire RFP document and will unconditionally adhere to all the terms and conditions outlined in the aforementioned RFP.
4. The undersigned acknowledges and understands that SSDF may request additional qualifying information and agrees to provide any such information upon SSDF request.
5. The undersigned hereby grant authorization and request(s) any bank, individual, firm or corporation to provide relevant information deemed necessary as requested by SSDF for the purpose of verifying this statement or regarding my (our) competence and general reputation.

For and on behalf of:

Signature:

Name:

Designation:

Date:

(Authorized Representative and Signatory)

Annexure F

Declaration in favour of Authorized Representative and Signatory

(Note: To be executed on a non-judicial stamp paper of Rs.100/- or more)

We.....(name of the enterprise and address of the registered office do hereby irrevocably constitute, nominate, appoint and authorize Mr./Ms.(name)son/ daughter/ wife of.....and presently residing at (address).....who is presently employed with us and holding the position of.....as our true and lawful attorney (hereinafter referred to as the “Attorney”) to do in our name and on our behalf, all such acts, deeds and things including to enter into negotiation, as are necessary or required in connection with or incidental to submission of our Bid for the RFP Reference No.....Dated..... The attorney is fully authorized for providing information/ responses to the RFP issuing authority, representing us in all matters before the RFP issuing authority including signing and execution of all affidavits, undertakings and agreements consequent to acceptance of our application, and general dealing with the RFP issuing authority in all matters in connection with or relating to or arising out of our response for the said RFP. AND we hereby agree to ratify and confirm all acts, deeds and things done or caused to be done by our said Attorney pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

IN WITNESS WHEREOF WE,,
THE ABOVE NAMED PRINCIPAL HAVE EXECUTED THIS DECLARATION ON
THIS.....DAY OF For.....

[Signature, name, designation and address]

Accepted

.....

(Signature)

(Signature)

(Name, Title, and Address of the Attorney)

(Name, Title, and Address of the Attorney)

Witnesses: 1.

2.

Annexure G

(On the letter head of the organization)

Declaration

I affirm that the information provided above is accurate to the best of my knowledge and belief. I acknowledge that any false information may lead to the suspension or cancellation of my organization's affiliation with Safety Skill Development Foundation.

I hereby affirm that I have thoroughly read and comprehended the Request for Proposal (RFP), encompassing the General Instructions, also understand the scope of service, empanelment process and associated terms and conditions. I acknowledge and accept the same in letter and spirit. On behalf of the Training Partner, I hereby confirm that we will abide by the terms and conditions, financials, guidelines and other policy directives issued by SSDF, National Skill Development Corporation (NSDC), National Council for Vocational Education & Training (NCVET) & Ministry of Skill Development & Entrepreneurship (MSDE), GoI as they may be updated from time to time.

For and on behalf of:

Signature:

Name:

Designation:

Date:

(Authorized Representative and Signatory)

(On the letter head of the organization)

Checklist:

S. No	Checklist	Status (Yes/No)
1	Organisation profile	
2	Registration/Incorporation Certificate	
3	MoA/ AoA/ Society by laws/ Deed document etc. (whichever is applicable)	
4	CA certificate stating the turnover (Last 3 FYs) with UDIN	
5	Audited account statement signed by an independent financial auditor for last 3 FYs with ITR.	
6	PAN and GST registration details	
7	Annexure A -Cover Letter	
8	Annexure B -Organization Profile	
9	Annexure C -Training and Placement Record	
10	Annexure D -Training Centre list register on SID	
11	Annexure E -Authorised Signatory	
12	Annexure F -Declaration in favour of Authorized Representative and Signatory	
13	Annexure G -Declaration	
14	Annexure H –List of Job roles	

Please direct all inquiries regarding this RFP to:

Client:

SAFETY SKILL DEVELOPMENT FOUNDATION

D-507, Light House, Town Square
Sector 82A, Gurugram - 122004, Haryana, India
Phone No: 91 (124) 3634989

Website – www.ssdfindia.org, E-Mail – operations@ssdfindia.org

Annexure H

List of Job Roles of Safety Skill Development Foundation:

S. No.	QP Code	Qualification Name	Sector
1	SSD/Q0101	Safety Steward	Hydrocarbon, Iron & steel, Mining, Power, Automotive, Construction, Chemical & Petrochemical and others.
2	SSD/Q0102	Safety Supervisor (OSHE)	
3	SSD/Q0103	Safety Executive (OSHE)	
4	SSD/Q0104	Safety Auditor	
5	SSD/Q0105	Safety Inspector (OSHE)	
6	SSD/Q0106	Manager OSHE	
7	SSD/Q0107	Ergonomics Safety Steward	
8	SSD/Q0207	Advance Scaffold Inspector	
9	SSD/Q0901	Traffic Safety Marshal	
10	SSD/Q0206	Basic Scaffold Inspector	

Number of Job roles applied: -----

Signature:

Name:

Designation:

Date:

(Authorized Representative and Signatory)

Training Infrastructure

S. No.	Requirement	Availability	
		Yes (Attach photograph)	No
I.	Open Yard, Training area		
II.	Mock Model yard		
III.	Classrooms for 30 trainees with all basic facilities as under Table, Chairs / benches Display boards Computer Projection System for E-learning		
IV.	Simulation Tools, if any		
V.	Administration Section		
VI.	One Store room		
VII.	Total area of training centre		
VIII.	Normal Electricity, Water facilities & separate toilets for Male and Female		
IX.	Tools & Equipment as per the course curriculum		
X.	Trainers on every 30 trainees		