## LR22D-53011/12/5051-E211 2EC-LR22D

415440/2023

Government of West Bengal
Paschim Banga Society for Skill Development, Department
of Technical Education Training and Skill Development,
District Project Management Unit – Kolkata,
Karigari Bhavan, Action Area III, Rajarhat, NewTown, Kolkata, 700160

Memo No: I/415440/2023

Date: 14-07-2023.

### **NOTICE**

Proposals are invited from the Utkarsh Bangla Training Provider(s) to operate under LOI (Third Party Placement Assurance offered by the industries/establishments) module of the Utkarsh Bangla scheme, the short term training initiative of the Government of West Bengal.

# Eligibility Criteria:

- a. Training Providers must be previously enrolled under Utkarsh Bangla programme.
- b. Training Providers are eligible to apply if their registered office is situated at and/or at least one of their training centers is situated at Kolkata
- c. Training provider neither blacklisted nor Dis-empaneled any time before from any of the schemes.

Proposals by training provider(s) should be emailed from official email to <a href="mailto:dpmukolkata@gmail.com">dpmukolkata@gmail.com</a> and/or physically sent on official letter-head along with training details as per Annexure-I, within 15 days of release of this notification at the following address via special messenger/ speed post/ registered post:

To,

The District Nodal Officer (Skills),

Paschim Banga Society for Skill Development,

Room No. 210,

4th Floor, Plot No. B, 7, New Town Rd, Action Area III, Newtown, Kolkata, West Bengal 700160

Note: Submission of the training proposals does not guarantee the selection, as it will be confirmed only after successful evaluation of past performance, domains proposed for training & need based on industry demands and alignment with District Skill Development goals. The Authority has the right to shortlist and/or to make final decision on selection of training providers and training domains in which the trainings will be conducted.

Chairman, DPMU,

Kolkata

Memo No: I/415440/2023

Copy to: The Project Director,

Paschim Banga Society for Skill Development

### (Must be printed on Training Provider official letter head)

		Annexure-	·1		
I. Name of Training Provider					
2. Training Provider CODE					
3. Full Address of Training Provider Registered Office					
4. Proposed Trainin Municipality	ng Venue or Centre Block/				
5. Contact no. of Training Provider					
6. Email ID of Training Provider					
	7. Past Performance of the Trainin	g Provider under Utkarsl	n Bangla (along wit	h supporting documen	ts)
Training center District Name	Training center ID	Course Name	Total Nos. of Candidates Certified	Total Nos. of Certified Candidates are in Wage Employment	Total Nos. of Certified Candidates are in Self Employment
	,				
	8. Prop	osals of Trainings to be	done In this District		
SI No Course Name			Sector name	LOI Details	Proposed nos of Placement Count
					7
	9. ToT certified Tra	iners detail			
SI No	Course Name	Trainer Name	ToT Certified no		
			11 Annual 11 Annual 12 Ann		
			+		

#### 10. Declaration:

I/ We do hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. The above said Training provider neither Blacklisted nor Dis-empaneled any time before from any of the schemes and no adverse reports/complaints are pending against the training provider and awaiting disposal.

(Signature of Training Provider) Signatory Name: Date: Stamp: