



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, New Town, Kolkata- 700160

I/745558/2026

19-02-2026

NOTICE

Proposals are invited from the Utkarsh Bangla active LOI (Letter of Intent) training provider(s) to conduct training on the job role **Public Transport Driver - Passenger services-RPL** under RPL (Recognition of Prior Learning) module of Utkarsh Bangla.

Eligibility Criteria:

- The applicant must be a registered Training Provider (TP) & Training Centre (TC) must be empaneled, TP should have TC under jurisdiction of DPMU Kolkata (i.e. Kolkata Municipal Corporation, Bidhannagar Municipal Corporation, Dumdum Municipality and Rajarhat Block)
- The applicant must not be either blacklisted or dis-empaneled or disqualified by any of the DPMUs or SPMU or TET&SD Department at any point of time.
- No adverse reports/complaints should be there against the Training Provider(s).

Details of RPL Training :

Training Type	Sector Name	Job Role	Trainee	Area	Duration	No. of Candidate	Rate (Rs.)
RPL	AUTOMOTIVE (Service)	Public Transport Driver - Passenger services-RPL	Drivers	Karigori Bhavan, Kolkata	12 Hrs	50 (Approx.)	Rs.848 / Trainee

The proposal on Training Provider(s) official Letter-head along with training details as per Annexure-I are to be submitted within seven (7) days from the date of publication of this notice at the following address via speed / registered post or email at **dpmukolkata@gmail.com** .

The Letter should be addressed to :

To,
The Chairman,
District Project Management Unit - Kolkata,
Paschim Banga Society for Skill Development,
Room No. 405, 4th Floor, Plot No. B, 7, New Town Rd, Action Area III,
Newtown, Kolkata- 700160

N.B. : Mere submission of the training proposals does not guarantee the selection of the Training Providers, as it will be confirmed only after successful evaluation of past performance, domains proposed by the Training Providers and alignment with District Skill Development goals. TPs who indicate the ability to start the training early will be given preference. The District Level Committee reserves every right to cancel, shortlist or to make final decision on selection of Training Providers and training domains in which the training will be conducted under Utkarsh Bangla RPL Module whatsoever.

Enclosure: Annexure - I

Chairman, DPMU Kolkata

Memo No:

Copy forward for information to:

1. The Project Director, PBSSD
2. The ~~Vice~~ Chairman, DPMU-Kolkata, PBSSD.
3. The DNO, DPMU-Kolkata, PBSSD.
4. Office Copy


Vice Date: 19/02/2026

Vice-Chairman
DPMU-KOLKATA
Paschim Banga Society for Skill Development


19/02/2026

Vice-Chairman
DPMU-KOLKATA
Paschim Banga Society for Skill Development

(Must be printed on Training Provider official letter head)

Annexure-1

1. Name of Training Provider					
2. Training Provider CODE					
3. Full Address of Training Provider Registered Office					
4. Proposed Training Venue or Centre Block/ Municipality					
5. Contact no. of Training Provider					
6. Email ID of Training Provider					
7. Past Performance of the Training Provider under Utkarsh Bangla (along with supporting documents)					
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. Proposals of Trainings to be done In this District					
SI No	Course Name	Sector name	LOI Details	Proposed nos of Placement Count	
9. ToT certified Trainers detail					
SI No	Course Name	Trainer Name	ToT Certified no		

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: