

## **USER MANUAL**

Website: www.smartnsdc.org Version 1.0

## About Smart



- Skill Management and Accreditation of Training Centres (SMART) is one such Information Technology (IT) initiative that aims to synergize the efforts of all the stakeholders in the skill ecosystem, and streamline the skill development initiatives.
- SMART provides a single window application that focuses on the Accreditation, Affiliation and Continuous Monitoring of the Training Centres in the Skill Ecosystem and intends to address the important issues like evaluating skill providers in an objective manner, fostering excellence in Training Centres, enabling trainees to make informed choices with regard to Training Centres etc.
- SMART facilitates standardized and effective processes with respect to Accreditation, Affiliation, and Continuous Monitoring of the Training Centres, which shall play a significant role in achieving the desired quality standards across various schemes.



## **Purpose of the Website** - SMART provides a single window clearance system to the Training Providers (TPs), the main features of the SMART are as below:

- Providing a transparent, unified, one-stop solution to the Training Providers, mandating time-bound delivery of Accreditation and Affiliation of Training Centers;
- Enabling Training Providers to have a single front-end portal interface across multiple Sector Skill Councils (SSCs) and Schemes;
- Providing opportunity to the stakeholders to perform technology driven Continuous Monitoring of the Training Centres, evaluate performance of the skill development programmes in an objective manner, to foster excellence in Training Centres, building effectiveness in delivering competency based training;
- Enabling the trainees and other stakeholders to make informed choices with regard to Training Centres.
- This initiative is enabled by Ministry of Skill Development & Entrepreneurship (MSDE) and National Skill Development Corporation (NSDC).



# Ministry of Skill Development & Entrepreneurship (MSDE)

- MSDE aims to Skill on a large Scale with Speed and high Standards in order to achieve its vision of a 'Skilled India'. MSDE is responsible for co-ordination of all skill development efforts across the country, removal of disconnect between demand and supply of skilled manpower, building the vocational and technical training framework, skill up-gradation, building of new skills, and innovative thinking not only for existing jobs but also jobs that are to be created. The Ministry aims to Skill on a large Scale with Speed and high Standards in order to achieve its vision of a Skilled India.
- The Skill Mission launched by the Prime Minister on 15 July 2015, has gathered tremendous steam under the guidance of the Union Minister of State for Skill Development and Entrepreneurship, Shri Rajiv Pratap Rudy.
- For more details on MSDE, go to <u>http://www.skilldevelopment.gov.in/</u>



## National Skill Development Corporation (NSDC)

- The National Skill Development Corporation (NSDC) is one of its kind Public Private Partnership, under MSDE, Government of India.
- It aims to promote Skill Development by catalysing creation of large, quality, vocational skill training institutions. NSDC was set up as part of a National Skill Development Mission to fulfill the growing need in India for skilled manpower across sectors and narrow the existing gap between the demand and supply of skills.
- NSDC acts as a catalyst in Skill Development by providing funding to enterprises, companies and organisations that provide skill training. It will also develop appropriate models to enhance, support and coordinate private sector initiatives.
- For more details on NSDC, go to <u>http://www.nsdcindia.org/</u>



## Important Links to Read before you begin



Users of website are suggested to go through the following links available on home page of <u>www.smartnsdc.org</u> before you begin

- About Smart
- Accreditation
- Affiliation
- Continuous Monitoring
- Knowledge Bank
- FAQ



Download detailed guidelines in the link "Knowledge Bank" as given below:

- Accreditation, Affiliation & Continuous Monitoring of Training Centre Metrics
- Accreditation Standards Grading Metrics
- Sample Center Accreditation and Affiliation Form (CAAF)
- SC and Job Role-wise Equipment List
- SSC and Job Role-wise Trainer Qualification Criteria
- SSC and Job Role-wise Lab and Classroom Specification

In the upcoming pages the screen shots are given wherein the above mentioned details are provided.

About Centre Accreditation, Why Get Accredited, Process of Centre Accreditation, Accreditation Standards, How to Apply, Accreditation Fee, De-accreditation of a training centre, Sector Skill Councils

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|                                 | HomeAccreditationAbout Centre AccreditationWhy get accredited?Process of Centre AccreditationAccreditation StandardsHow to applyAccreditation FeeDe-accreditation of a TrainingCentreSector Skill Councils | <ul> <li>About Centre Accreditation</li> <li>Centre Accreditation is a quality assurance process for evaluation of the required parameters of the Training Centres. It is of key importance to ensure that the trainees are provided quality training, thereby creating the requirement to have a well-defined validation process of the Training Centres, creating the need of accreditation of Centres. Accreditation focuses on learning and self-development, and encourages the Training Centres to pursue continual excellence.</li> <li>The Centre Accreditation process helps in effective management and delivery of the competency-based training, aimed at overall development of the trainees. Accreditation ensures that a Training Centre has met the prescribed qualitative standards, pre-set by the respective Sector Skill Councils (SSCs). With this aim, it is imperative that the trainees have confidence in the quality of the training provided by the Training Centre that wishes to impart training aligned to National Skills Qualification Framework (NSQF) to go through the accreditation process.</li> <li>Must Accredited Centre provides assurance to a number of vital stakeholders, such as the trainees, the employers, and the public in general, that the Training Centre has met the established standards necessary to impart training for the specific job roles.</li> <li>Centre Accreditation also results in awarding an Accreditation Grade to the Training Centre.</li> <li>An Accredited Training Centre becomes eligible for affiliation by the SSC with respect to specific job roles. Accreditation are mandatory steps to be followed in order to execute any Training Program aligned to NSQF.</li> </ul> |                   |
|                                 |  | <b>Process of Center Accreditation</b><br>The process of Centre Accreditation involves a combined mechanism of self-evaluation by the Training Centres and<br>an external evaluation by a Third Party Inspection Agency to determine if the prescribed qualitative standards are  | 2:11 PM<br>RePort |

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## Read Guidelines regarding Affiliation of Training Centre, Why get affiliated, Process of affiliation, Validity of Affiliation and Affiliation Fee

#### SMART - Skill Managemer 🗙 ← → C ☆ www.smartnsdc.org/affiliation.aspx ★ Bookmarks 🕒 Customize Links 🛅 Imported From IE 📋 Other bookma Affiliation Home Affiliation Affiliation of a Training Centre Affiliation of a Training Centre Affiliation is a method for the Training Centres (TCs) to get formally associated with Sector Skill Councils (SSCs) in Why get affiliated? order to impart training to trainees for specific job roles aligned to National Skill Qualification Framework (NSQF). Process of Affliation Accreditation and Affiliation are the measuring scales for the provision of quality skilling by the TCs. Validity of Affliation An affiliated TC has to follow the rules and regulations set by the respective SSCs that give the affiliation in order to maintain/follow the Accreditation Standards. Affiliation Fee Affiliation can be granted to an Accredited as well as Conditionally Accredited Centre. A Conditionally Accredited Centre may apply for affiliation and get Conditional Affiliation; however, it is pivotal that the TC complies with the Accreditation Standards within the required time frame, failing which the Conditional Accreditation status of the TC shall be revoked, and therefore the TC shall no longer remain affiliated. Why get affiliated? An affiliated TC gets access to a number of benefits, including the following: Only accredited AND affiliated TCs are allowed to commence NSQF aligned training program. As all the Government funded schemes are monitored on a continuous basis, an affiliated TC becomes entitled to the Continuous Monitoring Process, if empaneled under a specific scheme. Continuous Monitoring helps in awarding a dynamic grade to the TC on periodic basis, based on its compliance and performance. If a TC does not seek affiliation, its grading will become 'dormant', as such TCs are not entitled to be monitored on a continuous basis. It may be noted that a TC having dormant grade does not bestow high confidence of the stakeholders. Refer to the guidelines for more details. Trainees of the Affiliated TCs are entitled to receive Industry recognized Certificates post successful completion of training and assessment. It is to be noted that Accreditation and Affiliation of a TC does not guarantee target allocation under Government

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Read the Guidelines regarding Continuous Monitoring, Mechanism, Outcome, Significance, Grading Methodology, Consequence Management system carefully

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|  | Continuous Monitoring  | 21     |
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| Continuous Monitoring                        | Continuous Monitoring  |        |
| Mechanism                                    | Effective and Continuous Monitoring of the Training Centre is considered crucial for efficient delivery of the training  |        |
| Outcome                                      | for all the skill development schemes. Continuous Monitoring is envisaged to regularly assess the effectiveness of<br>various processes at the Training Centres (TCs). In order to overcome significant challenges that remain with regards  |        |
| Significance                                 | to the delivery of quality of training, Continuous Monitoring of the TC is crucial.  |        |
| Grading Methodology                          | Mechanism to ensure Continuous Monitoring  |        |
| Consequence Management System                | Continuous Monitoring is based on certain standards pertaining to <b>Accreditation, Compliance and Performance</b><br><b>Grading Metrics</b> . The Inspection Agency, along with the monitoring team of the scheme shall be responsible to<br>continuously monitor all the TCs based on the above-mentioned three Standards Grading Metrics. |        |
|  | The Continuous Monitoring process involves a combined mechanism of self-evaluation by the TC and other relevant sources to evaluate its performance. Refer to the <b>guidelines</b> to know more details.  |        |
|  | Centre Grading- Outcome of Continuous Monitoring   |        |
|  | As multiple modes of imparting the skills training are observed in a TC, it is essential to identify a standardized<br>system to benchmark the TCs across the country. The major outcome of Continuous Monitoring is grading of the TCs,<br>based on which actions may be taken on a TC for non-compliance and/or non-performance.           |        |
|  | Based on the Continuous Monitoring for Compliance and Performance Standards, the TCs shall be graded. Grading<br>will play a pivotal role in benchmarking the TCs. The grading is applicable only to the Accredited TCs. Consequently, if<br>any TC that loses its accreditation status at any point of time, also loses its grade.          |        |
|  | Significance of Centre Grading   |        |
|  | The grade of a TC determines its quality and its ability to impart skills training. Grading of TCs would contribute to the skills ecosystem in a number of ways, including the following:  |        |
|  | a. Enabling the stakeholders to compare the TCs and identifying the TCs incorporating the best practices. A higher   |        |

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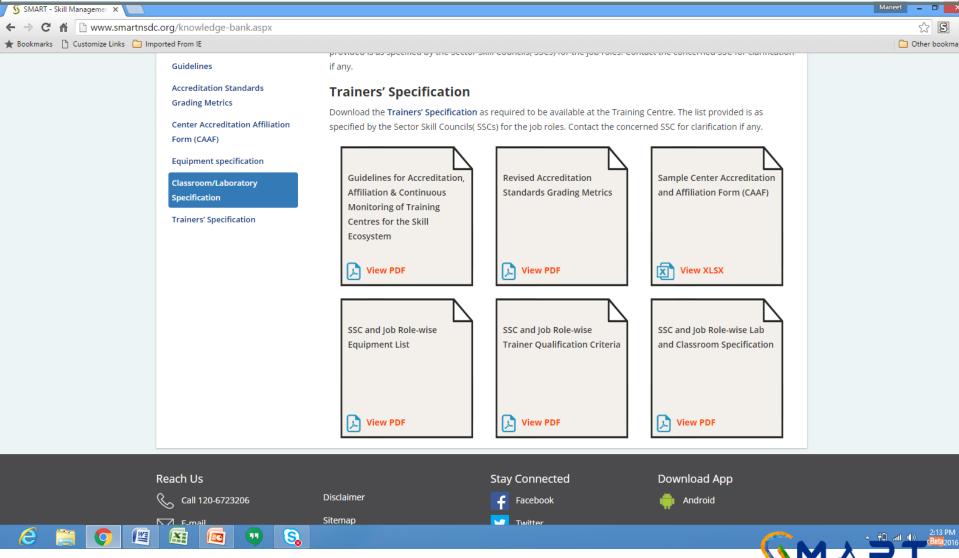
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Knowledge bank is available regarding Guidelines, Accreditation Standard Grading Metrics, Centre Accreditation Affiliation form (CAAF), Equipment Specification, Classroom / Laboratory specification, Trainer's specification

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| Monowledge Bank         Guidelines         Accreditation Standards Grading<br>Metrics       Guidelines for Accreditation, Affiliation and Continuous Monitoring of<br>Training Centres for Skills Ecosystem         Metrics       Center Accreditation Affiliation<br>Form (CAAF)       Accreditation Standards Grading Metrics         Equipment specification       Classroom/Laboratory<br>Specification       Center Accreditation Affiliation Form (CAAF)         Classroom/Laboratory<br>Specification       Center Accreditation Affiliation Form (CAAF)       Download the static CAAF to understand the details / documents required before you start filling the online CAAF.         Please use only the online form to apply for accreditation.       Equipment specification   | ★ Bookmarks 🗋 Customize Links 🧰 Imported From IE |  |   | 🗋 Other bookma |
| GuidelinesGuidelines for Accreditation, Affiliation and Continuous Monitoring of<br>Training Centres for Skills Ecosystem<br>It is highly recommended to read the guidelines first before applying for the Accreditation of the Centres.Center Accreditation Affiliation<br>Form (CAAF)Accreditation Standards Grading Metrics<br>It is strongly recommended to read the revised Accreditation Standards Grading Metrics<br>It is strongly recommended to read the revised Accreditation Standards Grading Metrics before registering as a<br>Training Provider or creating a new Training Centre.Classroom/Laboratory<br>SpecificationCenter Accreditation Affiliation Affiliation Form (CAAF)<br>Download the static CAAF to understand the details / documents required before you start filling the online CAAF.<br>Please use only the online form to apply for accreditation.Equipment specificationEquipment specification   |  | Knowle                                 | edge Bank   |                |
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| Metrics       It is highly recommended to read the guidelines first before applying for the Accreditation of the Centres.         Center Accreditation Affiliation<br>Form (CAAF)       Accreditation Standards Grading Metrics<br>It is strongly recommended to read the revised Accreditation Standards Grading Metrics before registering as a<br>Training Provider or creating a new Training Centre.         Classroom/Laboratory<br>Specification       Center Accreditation Affiliation Form (CAAF)<br>Download the static CAAF to understand the details / documents required before you start filling the online CAAF .<br>Please use only the online form to apply for accreditation.         Please use only the online form to apply for accreditation.       Equipment specification   |  | Training Centres for S                 |   |                |
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| Equipment specification       Training Provider or creating a new Training Centre.         Classroom/Laboratory       Center Accreditation Affiliation Form (CAAF)         Specification       Download the static CAAF to understand the details / documents required before you start filling the online CAAF.         Trainers' Specification       Please use only the online form to apply for accreditation.         Equipment specification       Equipment specification.   | Center Accre                                     | ation Affiliation Accreditation Standa | rds Grading Metrics   |                |
| Specification       Download the static CAAF to understand the details / documents required before you start filling the online CAAF.         Trainers' Specification       Please use only the online form to apply for accreditation.         Equipment specification       Equipment specification   |  |  |   |                |
| Trainers' Specification       Download the static CAAF to understand the details / documents required before you start filling the online CAAF.         Please use only the online form to apply for accreditation.       Equipment specification   |  | Center Accreditation                   | Affiliation Form (CAAF)   |                |
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| specified by the Sector Skill Councils( SSCs) for the job roles. Contact the concerned SSC for clarification if any.  |  |  | <b>ation</b> as required to be available at the Training Centre. The list provided is as<br>ils( SSCs) for the job roles. Contact the concerned SSC for clarification if any. |                |
| Classroom/Laboratory Specification  |  | Classroom/Laborator                    | y Specification   |                |
| Download the <b>Classroom /Laboratory specification</b> as required to be available at the Training Centre. The list<br>provided is as specified by the Sector Skill Councils( SSCs) for the job roles. Contact the concerned SSC for clarification<br>if any.  |  | provided is as specified by the Sect   |   |                |
| Trainers' Specification   |  | Trainers' Specification                | n   |                |
| Download the <b>Trainers' Specification</b> as required to be available at the Training Centre. The list provided is as specified by the Sector Skill Councils( SSCs) for the job roles. Contact the concerned SSC for clarification if any.  |  | -                                      |   |                |
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Download detailed documents regarding Guidelines for Accreditation, Affiliation & Continuous Monitoring of Training Centres for the Skill Ecosystem, Revised Accreditation Standards Grading Metrics, Sample Centre Accreditation and Affiliation Form (CAAF), SSC and Job Role-wise equipment list, SSC and Job Role-wise trainer qualification criteria, SSC and Job role wise Lab and Classroom Specifications



## Do you want to register as a Training Provider?

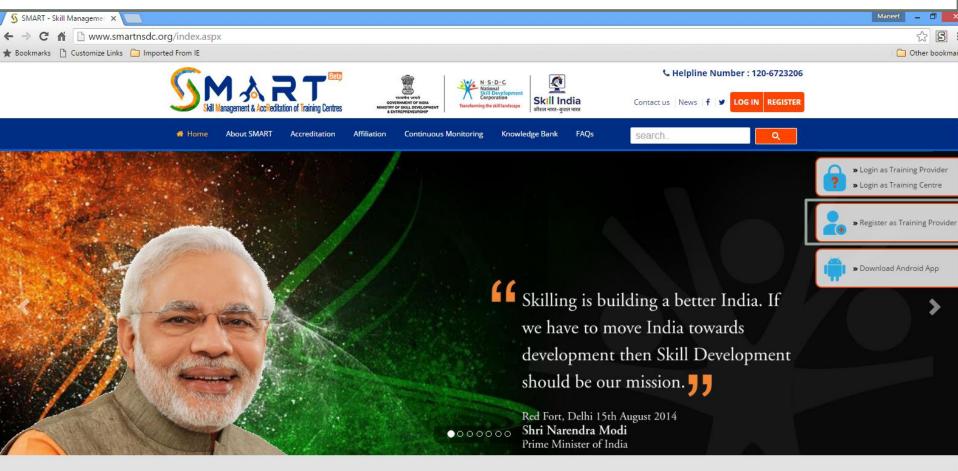
After going through detailed documentation if you understand that:

- you qualify all the norms as per details provided
- have all the necessary documents readily available with you
- and want to register as a Training Provider

## follow the procedure explained in following pages with screen shots



## To start the registration process click on the "Register as Training Provider"





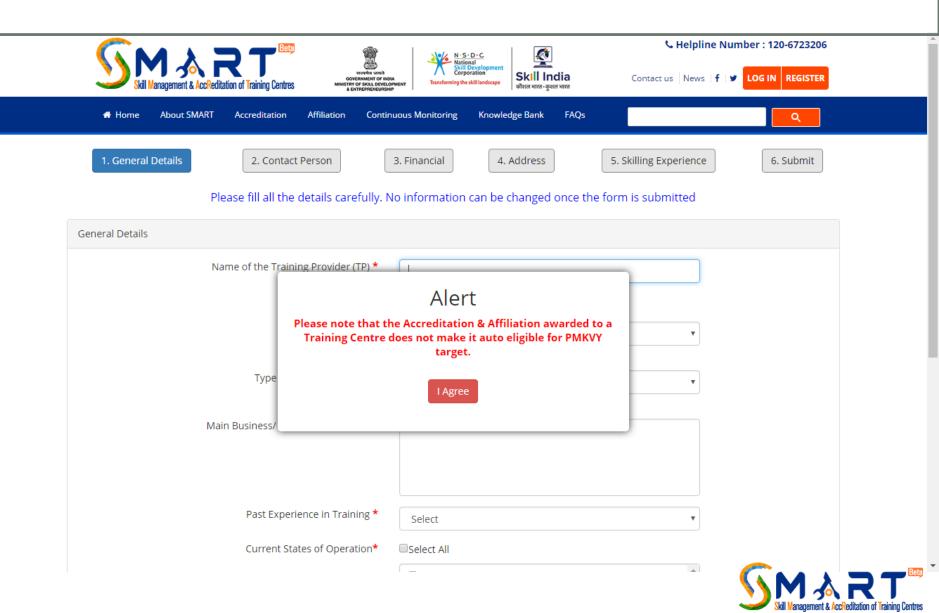
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When clicked on "Register as Training Provider" you will see pre-requisites and documents required for registration in soft-copy so as to complete the registration process smoothly and then click on "Proceed to Registration Form"

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| V                                  | Register as Training Provider  |  |
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|                                    | Before you Begin   | 6  |
|                                    | <ol> <li>Please note that the Accreditation &amp; Affiliation awarded to a Training Centre does not make it auto eligible for PMKVY targets.</li> <li>Please ensure that you have uninterrupted Internet connection while you are filling this online application.</li> <li>You will need to upload certain documents as proof of the data provided. Please ensure that the soft copies of these are readily available with you, self-</li> </ol>  | Ċ  |
|                                    | attested by the authorized person of your organization (Training Provider):<br>1. Certificate of Incorporation/ Registration of your organization (from the Registrar of firms/ companies/ society/trust, whichever is applicable)<br>2. Proof of turnover of your organization during the last two years, such as Income Tax Return for last two years, Charted Accountant Certificate,<br>Audited Profit & Loss (P&L) statements and balance sheets  |  |
|                                    | <ol> <li>Permanent Account Number (PAN) of your organization</li> <li>Tax Deduction and Collection Account Number (TAN) of your organization</li> <li>Address proof of your Head/Registered office along with photograph of the office with clearly visible name board/signage</li> <li>You will also need to provide the following details:</li> </ol>  |  |
|                                    | <ol> <li>Background of the organization</li> <li>E-mail and mobile number of authorized person of your organization</li> <li>Past performance of your organization in training (if any), such as years of operations in training, number of trainees trained, certified, and placed<br/>in the last three financial years</li> <li>You will need to make the online payment of INR 10,000 for Application Registration Fee. Please ensure you have details of the Credit Card/Debit</li> </ol> | Ę  |
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Click on "I Agree" if you are agree with the statement



Fill in the Name of the Training Partner which should match with the certificate of incorporation, whether funding partner or non funding partner, type of incorporation, background of the TP, whether new or old TP, area of operation, select sectors in which worked previously and click on next

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|  | General Details                                      |  |                |
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|  | Name of the Training Provider (TP) *                 |  |                |
|  |  | Name of the TP should match with Certificate of Incorporation      |                |
|  |  |  |                |
|  | Type of Funding *                                    | Select v   |                |
|  |  | Funding refers to NSDC funding                                     |                |
|  | Type of Training Provider *                          | Select   |                |
|  |  | Select   |                |
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Anagement & AccReditation of Training Centres

## Fill in detail of CEO/MD/Head, Authorized Signatory and Single Point of Contact (SPOC) and click on next

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|                                     | 1. General Details      | 2. Contact Person                               | 3. Financial           | 4. Address         | 5. Skilling Experience  | 6. Submit |                                       |
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|                                     |                         | Name of CEO/ MD / Head *                        |                        |                    |                         |           |                                       |
|                                     |                         | Email of CEO/ MD/ Head *                        |                        |                    |                         |           |                                       |
|                                     |                         | Mobile No. of CEO/ MD / Head *                  |                        |                    |                         |           |                                       |
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|                                     |                         | Landline No. of the TP $st$                     |                        |                    |                         |           |                                       |
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|                                     |                         |   | URL of TP website like | http://www.abc.com |                         |           |                                       |
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Management & AccReditation of Training Centres

Fill year of incorporation, click on "choose files" to attach PAN, TIN and TAN and click on "upload" against each head to attach respective file as per file format mentioned against each head. Click on next to proceed further

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| 1. General Details 2. Contact Person                    | 3. Financial     4. Address     5. Skilling Experience     6. Submit  |
| Please fill all the details carefully.                  | No information can be changed once the form is submitted  |
| Financial   |   |
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|   | Please specify year in YYYY format  |
| Certificate of Incorporation of the TP * 3              | Choose file Upload  |
|   | Allowed File Type JPG   JPEG   PNG   GIF   BMP   PDF. Allowed File Size 5MB Max.  |
| Permanent Account Number (PAN)<br>of the TP*            | (Eg. ABCDR1222J)  |
| PAN Proof*  | Choose file Upload  |
|   | Self-attested by the Authorized Signatory of the TP<br>Allowed File Type JPG   JPEG   PNG   GIF   BMP   PDF. Allowed File Size 5MB Max. |
| Taxpayer Identification Number<br>(TIN) of the TP       | Provide valid TIN Number  |
| TIN Proof   | Choose file Upload  |
|   | Self-attested by the Authorized Signatory of the TP<br>Allowed File Type JPG   JPEG   PNG   GIF   BMP   PDF. Allowed File Size 5MB Max. |
| Tax Deduction Account Number<br>(TAN) of the TP         | (Provide valid TAN Number)  |
| TAN Proof   | Choose file Upload  |
| ww.smartnsdc.org/TP_Registration.aspx#step3             | Self-attested by the Authorized Signatory of the TP<br>Allowed File Type JPG   JPEG   PNG   GIF   BMP   PDF. Allowed File Size 5MB Max. |
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Management & AccReditation of Training Centres

Fill in complete address of the TP as mentioned on incorporation certificate OR Telephone bill OR Electricity Bill OR Service Tax Registration Certificate

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|                                     | 1. General Details     2. Contact Person     | 3. Financial 4. Address                             | 5. Skilling Experience | 6. Submit   |
|                                     | Please fill all the details carefully. N     | o information can be changed once the f             | form is submitted      |             |
|                                     | Address of the Head Office/Registered Office |   |                        |             |
|                                     | Address Line 1 *                             |   |                        |             |
|                                     | Address Line 2 *                             |   |                        |             |
|                                     | State/UT *                                   | Select  | v                      |             |
|                                     | District/City *                              |   | T                      |             |
|                                     | Sub district (Tehsil/Mandal)                 |   | ¥                      |             |
|                                     | Parliamentary Constituency                   |   | ¥                      |             |
|                                     | Landmark                                     |   |                        |             |
|                                     | Pin code *                                   |   |                        |             |
|                                     | Address Proof *                              | Select  | ¥                      |             |
|                                     | Prev   | Self-attested by the Authorized Signatory of the TP |                        | Next        |

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Mention no. of years of experience in skill development, no. of trainees trained, certified and placed in Govt. Funded, CSR, Self Paid in last 3 years.

|  |                       |                                     |  |                               | Maneet 💶 🗇         |
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|  | 1. General Details    | 2. Contact Person                   | 3. Financial4. Address5.                             | Skilling Experience 6. Submit |                    |
|  |                       | Please fill all the details c       | arefully. No information can be changed once the for | m is submitted                |                    |
|  |                       | r lease fill all the details et     | are rung. No information can be changed once the for | in is submitted               |                    |
|  | Experience in Skillin | <i>a</i>                            |  |                               |                    |
|  | Experience in Skillin | 18                                  |  |                               |                    |
|  | Number of             | f Years of Experience in Skill Deve | lopment  |                               |                    |
|  | Total Number of T     | rainees Trained                     |  |                               |                    |
|  | Financial Year        | Govt Funded Count                   | Corporate Social Responsibility(CSR) Count           | Self Paid Count               |                    |
|  | 2015-16               |                                     |  |                               |                    |
|  | 2013 10               |                                     |  |                               |                    |
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|  | Total Number of T     |                                     |  |                               |                    |
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Management & AccReditation of Training Centres

## Mention detail of recognition and Accolades along with relevant proof

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|                                      |                        |                        | Brief  |                 |  |
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Read the declaration text carefully and click on the text box, enter the CAPTHA text in the box provided and click on submit button to submit your application.



Stay Connected

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After successful registration you will get notification of the same and also get login id and password details on the mobile no. and email id of SPOC

| 🗰 Apps 🕒 Login Page   Talisma 🤇 🎞 Electronics System De 🛛 🢡 How to Custo | www.smartnsdc.org says:  | OFT 📴 BOI Link 🗅 Vidya Care 🕒 Videocon BMG |
|--|--|--|
| <u>∽</u> Màrt"   | Congratulations. Your Registration is successful. Please check your registered email / mobile for login details. | € Helpline Number : 120-6723206            |
| Skill Management & AccReditation of Training Centres                     | ок   | Contact us News   f   Y LOG IN REGISTER    |
| Home About SMART Accreditation   |  |  |
| 1. General Details 2. Contact Pe   | erson 3. Financial 4. Address  | 5. Skilling Experience 6. Submit           |

#### Please fill all the details carefully. No information can be changed once the form is submitted

| General Details                            |  |  |
|--|--|--|
| Name of the Training Provider (TP) $\star$ | Test TP<br>Name of the TP should match with Certificate of Incorporation |  |
| Type of Funding *                          | Non Funded Training Provider (NFTP)  Funding refers to NSDC funding      |  |
| Type of Training Provider *                | Company  |  |
| Main Business/ Background of the TP        |  |  |



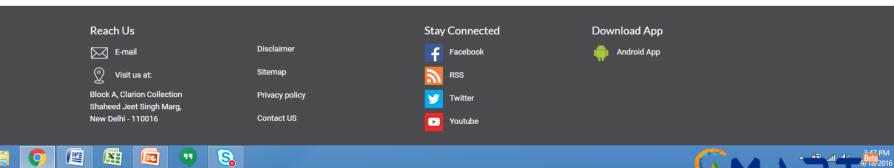
## Once the TP creates an account for a TP log in details are sent to the email ID and mobile number of the SPOC

| M NSDC Application Alert - T X  | Maneet 🗕 🗇 🗙        |
|---|---------------------|
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| NSDC Application Alert 🗇 Inbox x  |                     |
| Ino-reply-alerts@smartnsdc.org 2:32 PM (3 minutes ago) ☆  to me   |                     |
| Dear Applicant,<br>Greetings!!!   |                     |
| Congratulations!!! You have successfully registered your Training Centre on www.smartnsdc.org. Your Training Centre Log-in Details are given below:   |                     |
| Login ID : TC007578<br>Password : <mark>[4310914]</mark><br>Please log in to continue filling the Centre Accreditation and Affiliation Form (CAAF).   |                     |
| In case of any query, please write to us at <u>support@smartnsdc.org</u> .  |                     |
| From<br>Smart Admin<br>Date :18/09/2016   |                     |
| Disclaimer :The information contained in this electronic message and any attachments to this message are intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender, and immediately destroy all copies of this message and any attachments. The views expressed in this E-mail message (including the enclosure/(s) or attachment/(s) if any) are those of the individual sender, except where the sender expressly, and with authority, states them to be the views of NSDC.   |                     |
| Click here to Reply or Forward  |                     |
| 13.93 GB (92%) of 15 GB used Terms - Privacy Last account activity: 0 minutes ago Details   |                     |
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Skill Management & AccReditation of Training Centres

TC should use this login details for the first time log where he will be asked to change his password using the allotted password

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|  | Payment History Change Password              |   |   |                                    | Logout   |               |
|  | Change Password                              |   |   |                                    |  |               |
|  | Existing Password*                           |   |   |                                    |  |               |
|  | New Password*                                |   |   |                                    |  |               |
|  | Confirm Password *                           |   |   |                                    |  |               |
|  | Save Reset                                   |   |   |                                    |  |               |
|  |  |   |   |                                    |  |               |



Management & AccReditation of Training Centres

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TC will automatically land up at the Accreditation Instructions page which should be read properly before starting filling the application which is called CAAF (Centre Accreditation Affiliation Form)

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Other bookma

# C 1 www.smartnsdc.org/before\_you\_login.aspx Bookmarks Customize Links Imported From IE C ustomize Links Imported From IE Applying for Accreditation of your Training Centre?

Home Before you Login

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#### Please read the instructions first

- 1. Please ensure that you have uninterrupted Internet connection while you are filling the online application
- 2. Please download the "SMART" Mobile Application from the Android Play Store. You will need to upload the geo tagged and time stamped pictures while using the Mobile Application against the information submitted by you in the Centre Accreditation Affiliation Form (CAAF). The pictures captured will get automatically synced to the Portal (SMART) and will be visible to you under 'Photograph Upload' Tab
- 3. Please download the static format of CAAF to know all the details / fields you need to feed in the online form
- 4. You will need to make online payment of Accreditation Application Fee (INR 12,000 + INR 1,000 for each Job Role you are applying for). Please ensure that you have details of the Credit Card/Debit Card/Net Banking ready with you. Please download the Guidelines for Accreditation, Affiliation and Continuous Monitoring of Training Centres for Skills Ecosystem for more details

I am ready to fill CAAF 🔶



Click on "I am ready to fill the CAAF" and you will land up the Centre Accreditation Affiliation Form (CAAF) in which you have to fill the application and complete details under sections of General Details> Job Roles> Classrooms Details> Laboratories Details> Centre Area> Residential Facilities> Facilities> Trainers> Centre Staff> Equipment> Photograph Upload> Submit the CAAF

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| Side Management & Accreditation of Training Centres  |                        |
| Payment History Change Password  | Logout                 |

#### Centre Accreditation Affiliation Form (CAAF)

| General Details  | Job Roles                    | Classrooms    | Details         | Laboratories Details   | Centre Area       | Residential Facilitie |
|--|------------------------------|---------------|-----------------|--|-------------------|-----------------------|
| Facilities   | Trainers                     | Centre S      | Staff           | Equipment  | Photograph Upload | Submit the CAAF       |
| aining Centre Details  |                              |               |                 |  |                   |                       |
|  | Name of the Trainir          | ng Provider * | seven tecl      | hies   |                   |                       |
|  | Training Centre Name *       |               | Kushal Bharat   |  |                   |                       |
|  | Type of Training Centre *    |               | Select          |  |                   |                       |
|  | Website (If Any)             |               | http://www      | w.xyz.com  |                   |                       |
|  | Social Media                 | Link (If Any) |                 |  |                   |                       |
|  |                              |               | Enter your Face | book / Twitter or any other social media   | site URL          |                       |
| Availability of Security / Security Guards at The Centre $\star$ |                              | Select        |                 |  |                   |                       |
| Avail  | ability of Biometric Attenda | nce System*   | Select          |  | •                 |                       |
|  |                              |               |                 | d Biometric System is not mandatory fo<br>nmu & Kashmir (JK). For Rest of India Au |                   | <b>C</b>              |

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## Fill the fields as navigated by the website or chose the best option applicable to you

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|                                 |  | mandatory requirement.   |               |
|                                 | Availability of Greenery                     | ©Yes ◎No   |               |
|                                 | Proximity to Public Transport System*        | Select 🗸   |               |
|                                 |  | Proximity to Public Transport System (i.e. Bus Stand / Metro Station / Railway Station etc)                |               |
|                                 | Name of Nearest Bus/Metro/Railway Station *  |  |               |
|                                 | Building Status*                             | ©Stand Alone Building  |               |
|                                 |  | ◎Industrial/Commercial Building  |               |
|                                 |  | ©Educational Institute/Residential Building  |               |
|                                 | Type of Construction of Building <b>*</b>    | ◎Pre Fabricated ◎Not Pre Fabricated  |               |
|                                 | Approach Road to the Centre *                |  |               |
|                                 |  | Please mention the width of the Approach Road in feet  |               |
|                                 | Is the Centre Easily Accessible? *           | Select 🗸   |               |
|                                 |  | Is there an easy approach to the Centre. Please upload the pictures showing the access to the              |               |
|                                 | Description Charles of the Duilding +        |  |               |
|                                 | Previous State of the Building *             | Oschool      OCollege      OUniversity      OPrivate Institute      OITI      OPolytechnic      OAny Other |               |
|                                 | Is the TC Currently Functional? *            | ©Yes ◎No   |               |
|                                 | Categories of other Programs offered by TC * |  |               |
|                                 |  |  |               |
|                                 | Contact Details                              |  |               |
|                                 |  |  |               |
|                                 | SPOC Name *                                  | Maneet Dewan   |               |
|                                 | SPOC Mobile *                                | 9815166979   |               |
|                                 |  |  |               |

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Fill up the Contact Details of the SPOC- Single Point of Contact. SPOC is the person who must have knowledge of the complete project and can be contacted for any purpose relating to Application, Seat Allocation, Events, Infra, Training, Placement etc

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|                                   |  |  |                         |
|                                   | Contact Details                              |  |                         |
|                                   |  |  |                         |
|                                   | SPOC Name *                                  | Maneet Dewan   |                         |
|                                   | SPOC Mobile *                                | 9815166979   |                         |
|                                   | SPOC Alternate Number                        |  |                         |
|                                   | SPOC Email ID*                               | mdewan8@gmail.com                                      |                         |
|                                   | Name of Centre Principal/ Director*          | Maneet Dewan   |                         |
|                                   | Contact Number of Principal/ Director*       | 9815166979   |                         |
|                                   | Email Address of Principal/ Director*        | mdewan8@gmail.com                                      |                         |
|                                   |  |  |                         |
|                                   | Commendations and International Affiliations |  |                         |
|                                   |  |  |                         |
|                                   |  |  |                         |
|                                   | Do you want to add more details of Co        | mmendations and International Affiliations? Click Here |                         |
|                                   |  |  |                         |
|                                   | Amiauon Name.                                |  |                         |
|                                   | Type of Affiliation*                         | Select 💌   |                         |
|                                   | Date of Affiliation *                        | From Date * To Date*                                   |                         |
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## In the Commendations Section add past activities, photos, press coverage along with brief of each and dates applicable

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|                                 |  |   |               |
|                                 |  |   |               |
|                                 | Affiliation Name*                            |   |               |
|                                 | Type of Affiliation*                         | Select  |               |
|                                 | Date of Affiliation *                        | From Date * To Date*                                    |               |
|                                 | Date of Anniation -                          |   |               |
|                                 |  |   |               |
|                                 | Brief Description of the Affiliation*        |   |               |
|                                 |  | Add   |               |
|                                 |  |   |               |
|                                 |  |   |               |
|                                 | Centre Address                               |   |               |
|                                 |  |   |               |
|                                 | Address Line 1 *                             | 201 DLF Complex   |               |
|                                 |  |   |               |
|                                 | Address Line 2 *                             | Gold Link II  |               |
|                                 | Address Line 2                               |   |               |
|                                 |  |   |               |
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|                                 | District/City *                              | Gurgaon   |               |
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Fill up the Centre Address and upload the copy of address proof that may be incorporation certificate, phone or electricity bill. Ensure that the name of the applicant organization and the name mentioned on the address proof should exactly be same

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|                                 | Centre Address                                 |  |      |               |
|                                 |  |  |      |               |
|                                 | Address Line 1 *                               | 201 DLF Complex                                      |      |               |
|                                 |  |  |      |               |
|                                 | Address Line 2 *                               | Gold Link II   |      |               |
|                                 | Address Line Z *                               |  |      |               |
|                                 |  |  |      |               |
|                                 | State/UT *                                     | Haryana 🔻  |      |               |
|                                 | District/City *                                | Gurgaon  |      |               |
|                                 |  | Gurgaon 🔻  |      |               |
|                                 | Sub District (Tehsil/Mandal)                   | NA   |      |               |
|                                 | Parliamentary Constituency *                   | Faridabad 🗸  |      |               |
|                                 |  | - and about  |      |               |
|                                 | Landmark *                                     | Not Applicable                                       |      |               |
|                                 | Pin Code                                       | 110010   |      |               |
|                                 |  |  |      |               |
|                                 | Area Classification of Centre                  | ©Urban©Rural   |      |               |
|                                 | Is Entire Centre Situated at the Ground Floor? | ©Yes ◎No   |      |               |
|                                 | Address Proof*                                 | Telephone Bill                                       |      |               |
|                                 |  | Self-attested by the Authorized Signatory of the TC  |      |               |
|                                 |  | Choose File No file chosen Change File               | View |               |
|                                 |  | Allowed File Type JPG   JPEG   PNG   GIF   BMP   PDF | VIEW |               |
|                                 |  |  |      |               |
|                                 |  |  |      |               |



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## Click to Add Job Roles and punch in details asked for



#### Centre Accreditation Affiliation Form (CAAF)

| General Details   | Job Roles                       | Classrooms Details  | Laboratories Details | Centre Area       | Residential Facilities |  |  |
|---|---------------------------------|---------------------|----------------------|-------------------|------------------------|--|--|
| Facilities  | Trainers                        | Centre Staff        | Equipment            | Photograph Upload | Submit the CAAF        |  |  |
| dd New Job Roles  |                                 |                     |                      |                   |                        |  |  |
|   |                                 |                     |                      |                   |                        |  |  |
|   |                                 | Want to add new Job | Role ? Click Here    |                   |                        |  |  |
|   |                                 |                     |                      |                   |                        |  |  |
| Note: All job roles you want to offer should be applied for at this stage. You can add any new job role only after 6 months of the submission of the CAAF, which shall levy |                                 |                     |                      |                   |                        |  |  |
|   | fresh Centre Accreditation fee. |                     |                      |                   |                        |  |  |
|   |                                 | Back                | Next                 |                   |                        |  |  |
|   |                                 |                     |                      |                   |                        |  |  |



## You can chose one Skill Sector at a time

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#### Centre Accreditation Affiliation Form (CAAF)

| General Details  | Job Roles                       | Classrooms     | Details   | Laboratories Details            | Centre Area       | Residential Facilities      |
|--|---------------------------------|----------------|---|---------------------------------|-------------------|-----------------------------|
| Facilities   | Trainers                        | Centre S       | taff  | Equipment                       | Photograph Upload | Submit the CAAF             |
| dd New Job Roles   |                                 |                |   |                                 |                   |                             |
|  | :                               | Skill Sector * | Select  |                                 | •                 |                             |
|  |                                 | Job Role *     | Select<br>Agricultur<br>Apparel, N                              | e<br>Iade-ups & Home Furnishing | A                 |                             |
| Is the Trainee to Trainer Ratio in the Range of 10:1 to 30:1? *<br>Total Number of Parallel Batches you plan to run for this Job Role<br>at a given point of time. * |                                 |                | Automotive<br>Beauty & Wellness<br>BFSI                         |                                 |                   |                             |
|  |                                 |                | Capital Go<br>Constructi<br>Domestic<br>Electronic<br>Food Proc | on<br>Workers<br>s<br>essing    |                   |                             |
|  |                                 | Remarks        | Healthcar   | ewellery<br>s<br>is and Carpet  |                   |                             |
| Note: All job roles you wa   | nt to offer should be applied f |                | Iron & Stee<br>IT-ITES<br>Leather                               |                                 | • •               | f the CAAF, which shall lev |
| note: All job foles you wa   | nt to offer should be applied t | fre            | sh Centre A   | coreditation fee.               |                   | n the CAAF, which shall le  |

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You can chose one Job Role at a time and for any additional job role you will be asked for once you save details of one job role

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#### **Centre Accreditation Affiliation Form (CAAF)**

| General Details  | Job Roles                       | Classrooms                 | Details  | Laboratories Details   | Centre Area       | Residential Facilities        |
|--|---------------------------------|----------------------------|--|--|-------------------|-------------------------------|
| Facilities   | Trainers                        | Centre Staff               |  | Equipment  | Photograph Upload | Submit the CAAF               |
| Add New Job Roles  |                                 |                            |  |  |                   |                               |
|  | :                               | Skill Sector *             | Automotiv  | /e   | •                 |                               |
| Job Role *   |                                 |                            | Select   |  | •                 |                               |
| Is the Trainee to Trainer Ratio in the Range of 10:1 to 30:1? *<br>Total Number of Parallel Batches you plan to run for this Job Role<br>at a given point of time. * |                                 |                            | Select Territory Sales Manager (Retail) Key Accounts Sales Manager Regional Sales Manager Sales Training Manager Commercial Executive / Officer "Commercial Manager (Zonal/ Regional)" |  |                   |                               |
|  |                                 | Remarks                    | Product /<br>Area Parts<br>Service O<br>Sales Con<br>Sales Con   | Brand Manager<br>s Manager<br>ffice Executive<br>isultant (Pre-Owned Vehicles)<br>sultant (Retail)<br>ve Sales Lead (Retail) |                   |                               |
| Note: All job roles you war  | nt to offer should be applied f | or at this stage. \<br>fre | Pdi Super<br>Auto Body<br>Repair Pa<br>Repair Pa<br>Automotiv  |  |                   | of the CAAF, which shall levy |

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## Chose the number of parallel batches that you plan to run for this job role

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#### Centre Accreditation Affiliation Form (CAAF)

| General Details   | Job Roles                      | Classrooms Details |   | Laboratories Details | Centre Area       | Residential Facilities        |  |  |  |  |
|---|--------------------------------|--------------------|---|----------------------|-------------------|-------------------------------|--|--|--|--|
| Facilities  | Trainers                       | Centre Staff       |   | Equipment            | Photograph Upload | Submit the CAAF               |  |  |  |  |
| Add New Job Roles   |                                |                    |   |                      |                   |                               |  |  |  |  |
| Skill Sector *  |                                |                    | Automotiv                                 | e                    | •                 |                               |  |  |  |  |
| Job Role *  |                                |                    | Key Accounts Sales Manager                |                      |                   |                               |  |  |  |  |
| Is the Trainee to Tr  | ainer Ratio in the Range of 10 | 0:1 to 30:1? *     | OYes ON                                   | D                    |                   |                               |  |  |  |  |
| The Above Answer should be Applicable for All the Batches at any Given Point of time.             |                                |                    |   |                      |                   |                               |  |  |  |  |
| Total Number of Parallel Batches you plan to run for this Job Role<br>at a given point of time. * |                                |                    | Select                                    |                      | •                 |                               |  |  |  |  |
|   |                                | Remarks            | Select<br>0<br>1<br>2<br>3<br>4<br>5<br>6 |                      |                   |                               |  |  |  |  |
| Note: All job roles you war   | nt to offer should be applied  |                    | 7<br>8<br>9                               | corealitation ree.   |                   | of the CAAF, which shall levy |  |  |  |  |
|   |                                |                    | Back S                                    | ave Next             |                   |                               |  |  |  |  |

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### Press the Save Button once all details of the chosen Job Role are filled in

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#### Centre Accreditation Affiliation Form (CAAF)

| dd New Job Roles            |                                |                |                      |  |                                 |                             |
|-----------------------------|--------------------------------|----------------|----------------------|--|---------------------------------|-----------------------------|
|                             |                                | Skill Sector * | Automotiv            | e  | •                               |                             |
|                             |                                | Job Role *     | Key Accou            | ints Sales Manager                                 | •                               |                             |
| Is the Trainee to Tra       | iner Ratio in the Range of 10  | ):1 to 30:1? * | ●Yes ○No             | D  |                                 |                             |
| Total Number of Decalled    | Batches you plan to run for t  | this Job Dala  |                      | ver should be Applicable for All the Batc          | hes at any Given Point of time. |                             |
| Total Number of Parallel    | at a given po                  |                | 1<br>The allowed Bat | ch duration can only be either 4 Hours o           | ▼<br>r 8 Hours per day.         |                             |
|                             |                                | Remarks        | Collaborat           | ion with <u>Mahindra</u> & <u>Mahindra</u>         | Ltd                             |                             |
|                             |                                |                |                      |  | ĥ                               |                             |
| Note: All job roles you wan | t to offer should be applied t | -              |                      | any new job role only after 6<br>ccreditation fee. | months of the submission o      | of the CAAF, which shall le |

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Once you saved the details of Job Role, you will be asked if you want to add another Job Role. Below this button you will find details of the Job Role (s) you have already filled in. It is STRONGLY recommended that you Chose ALL the Job Roles you are interested in at this stage only.

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#### **Centre Accreditation Affiliation Form (CAAF)**

| Gene      | General Details Job Roles Classrooms Details Laboratories Details Centre Area Residential Facilitie  |                               |                       |   |  |  |   |  |  |
|-----------|--|-------------------------------|-----------------------|---|--|--|---|--|--|
| Fa        | acilitie   | s                             | Trainers Centre Staff |   | Equipment  | Photograph Upload                            | Submit the CAAF                               |  |  |
| Add New   | Add New Job Roles  |                               |                       |   |  |  |   |  |  |
| Note: All | Do You Want to Add More Job Roles ? Click Here Note: All job roles you want to offer should be applied for at this stage. You can add any new job role only after 6 months of the submission of the CAAF, which shall levy fresh Centre Accreditation fee. Back Next |                               |                       |   |  |  |   |  |  |
| Selected  | Job F  | Roles                         |                       |   |  |  |   |  |  |
| Delete    | S.<br>No.  | Job Role                      | Skill<br>Sector       | Is the Trainee to Trainer Ratio in the Range of 10:1 to 30:1? | The Above Answer shou<br>Batches at any Given Po | ld be Applicable for All the<br>int of time. | Remarks                                       |  |  |
| Delete    | 1  | Key Accounts<br>Sales Manager | Automotive            | Yes   | 1  |  | Collaboration with<br>Mahindra & Mahindra Ltd |  |  |

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Once you Chose all the desired Job Roles move on to the next Tab of Class Room Details and start filling the application. Ensure that each class room is allotted a serial number that will be mentioned here and should be put up as a name plate on the entrance door of the class room

| SMAR                       | T - Skill Mana | agemer ×     |            |                          |                                |                 |                      |  |  |                        |  |
|----------------------------|----------------|--------------|------------|--------------------------|--------------------------------|-----------------|----------------------|--|--|------------------------|--|
| $\leftarrow \rightarrow 0$ | C 🖬 🗋          | ) www.sma    | artnsdc.or | g/User-Dashboard/U       | Jser_Classroom.aspx            |                 |                      |  |  |                        |  |
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|                            |                |              |            |                          | Centre                         | e Accredi       | tation               | Affiliation Form   | (CAAF)                                 |                        |  |
|                            |                |              |            |                          |                                |                 |                      |  |  |                        |  |
|                            |                |              |            | General Details          | Job Roles                      | Classroom       | s Details            | Laboratories Details   | Centre Area                            | Residential Facilities |  |
|                            |                |              |            | e du                     |                                |                 | o: //                |  |  |                        |  |
|                            |                |              |            | Facilities               | Trainers                       | Centre          | Staff                | Equipment  | Photograph Upload                      | Submit the CAAF        |  |
|                            |                |              |            |                          | 11-                            |                 |                      |  |  |                        |  |
|                            |                |              | Ado        | d Classrooms Detai       | lis                            |                 |                      |  |  |                        |  |
|                            |                |              |            |                          |                                |                 |                      |  |  |                        |  |
|                            |                |              |            |                          | Classroom Se                   |                 |                      |  |  |                        |  |
|                            |                |              |            |                          |                                |                 |                      | a number to each Classroom. Example C<br>mbers should not change. During inspect |  |                        |  |
|                            |                |              |            |                          |                                |                 | Number is cha        | nged, the results of inspection may be af  | fected.                                |                        |  |
|                            |                |              |            | Carpet Area (In Sq.Ft) * |                                |                 |                      |  |  |                        |  |
|                            |                |              |            |                          |                                |                 | Please ensure        | compliance with SSC specified Classrool  | m Area as per the job role. If the SSC |                        |  |
|                            |                |              |            |                          |                                |                 | has not specifi      | ed the area, Pls note that minimum area  | of the Classroom is 200 Sq ft.         |                        |  |
|                            |                |              |            | Adequ                    | ate Power Backup (UPS/GenS     | et/Inverter) *  | ©Yes <sup>©</sup> No |  |  |                        |  |
|                            |                |              |            |                          | Availability of any Type       | of Proiector *  | OYes ON              | 0  |  |                        |  |
|                            |                |              |            |                          |                                | -               |                      |  |  |                        |  |
|                            |                |              |            |                          | Availability of Air            | Conditioner *   | OYes ON              | 0  |  |                        |  |
|                            |                |              |            | Availability             | y of CCTV Camera with Record   | ding Facility * | OYes ON              | 0  |  |                        |  |
|                            |                |              |            |                          |                                |                 |                      |  |  |                        |  |
|                            |                |              |            |                          | Availability                   | of Internet *   | Select               |  | ~                                      |                        |  |
|                            |                |              |            |                          |                                |                 | Availability of i    | internet is must in the classroom, in case                                       | e the classroom is used for IT/ITeS    |                        |  |
|                            |                |              |            |                          |                                |                 | Sector or when       | e Internet is vital  |  |                        |  |
|                            |                |              |            | P                        | roposed Batch Size (for this C | lass Room) *    |                      |  |  |                        |  |
|                            |                |              |            |                          |                                |                 | Minimum spac         | e requirement per trainee in each Classro  | oom is 10 Square Feet.                 |                        |  |
|                            |                |              | (WT=       |                          |                                |                 |                      |  |  |                        |  |

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Chose the Internet available in your institute. Ensure that the speed chosen is the one that is mentioned on the bill/plan of your data

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|                                   |                           | Centre                        | e Accredi        | tation /                                  | Affiliation Form  | (CAAF)                 |                        |                |
|                                   |                           |                               |                  |   |   |                        |                        |                |
|                                   | General Details           | Job Roles                     | Classroom        | s Details                                 | Laboratories Details  | Centre Area            | Residential Facilities |                |
|                                   | Facilities                | Trainers                      | Centre           | Staff                                     | Equipment   | Photograph Upload      | Submit the CAAF        |                |
|                                   | Add Classrooms Detail     |                               |                  |   |   |                        |                        |                |
|                                   | Add Classrooms Detail     | S                             |                  |   |   |                        |                        |                |
|                                   |                           | erial Number *                | 1                |   |   |                        |                        |                |
|                                   |                           |                               | Clearly assign a | number to each Classroom. Example Cl      | lassroom 1, Classroom 2. The  |                        |                        |                |
|                                   |                           |                               |                  | nbers should not change. During inspect   |   |                        |                        |                |
|                                   |                           | ea (In Sq.Ft) *               |                  | ged, the results of inspection may be aff |   |                        |                        |                |
|                                   |                           | Carpet Are                    | sa (in Sq.Ft) "  | 350                                       |   |                        |                        |                |
|                                   |                           |                               |                  |   | compliance with SSC specified Classroor<br>In the area, Pls note that minimum area of   |                        |                        |                |
|                                   | Adequa                    | te Power Backup (UPS/GenS     | Set/Inverter) *  | ●Yes ○No                                  | 5   |                        |                        |                |
|                                   |                           | Availability of any Type      | of Projector *   | ●Yes ○No                                  | 5   |                        |                        |                |
|                                   |                           | Availability of Air           | Conditioner *    | ●Yes ○No                                  | 0   |                        |                        |                |
|                                   | Availability              | of CCTV Camera with Record    | ding Facility *  | OYes ®No                                  | 0   |                        |                        |                |
|                                   |                           |                               | flata t          |   |   |                        | 1                      |                |
|                                   |                           | y of Internet *               | Select<br>Select |   | •   |                        |                        |                |
|                                   | Pro                       | oposed Batch Size (for this C | lass Room) *     | Speed of<br>Speed of<br>Speed of          | 1 MBPS And Above<br>Less Than 1 MBPS & Greater Tl<br>Less Than 512 KBPS<br>ot Available | han 512 KBPS           |                        |                |
|                                   |                           |                               |                  | Minimum space                             | e requirement per trainee in each Classro   | oom is 10 Square Feet. |                        |                |
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## Fill up all the details being asked for. The Job Roles chosen previously will be listed here which should be linked to the relevant Class Room

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|                                 |   | Sector or where Internet is vital  |    |   |
|                                 | Proposed Batch Size (for this Class Room) $\star$   | 30   |    |   |
|                                 |   | Minimum space requirement per trainee in each Classroom is 10 Square Feet. |    |   |
|                                 | Proposed Number of Parallel Batches per day in this Classroom $\star$                               |  |    |   |
|                                 | Availability of Adequate Light in the Classroom $\star$   | ●Yes ◎No   |    |   |
|                                 |   | Is the Classroom well lit ?  |    |   |
|                                 | Availability of Exhaust Fan <b>*</b>  | ®Yes ◎No   |    |   |
|                                 | Electrical Wires and Switchboard Secured*   | ●Yes ◎No   |    |   |
|                                 | Classroom Well Ventilated*  | ●Yes ◎No   |    |   |
|                                 | Availability of Dustbin in the Classroom*   | ⊛Yes ©No   |    |   |
|                                 | Is the Classroom Clean and Hygienic?  | ⊛Yes ©No   |    |   |
|                                 | *<br>Contact of Fire Brigade, Ambulance, Hospital Emergency Numbers<br>displayed in the Classroom * | ●Yes ◎No   |    |   |
|                                 | Classroom used for which Job Roles  | ☑KEY ACCOUNTS SALES MANAGER  |    |   |
|                                 |   |  |    |   |
|                                 | Remark (If Any)   |  |    |   |
|                                 |   | Back Save Next   |    |   |
| 6 🗎 🚺 🖪                         |   |  | SN | anagement & AccReditation of Training Centres |

Once the TP creates an account for a TP log in details are sent to the email ID and mobile number of the SPOC. All mandatory fields are marked as \* and the data on that page cannot be saved till you fill all such fields

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|                                 |  | Sector or where Internet is vital  |   |        |              |
|                                 | Proposed Batch Size (for this Class Room) *  | 30   |   |        |              |
|                                 |  | Minimum space requirement per trainee in each Classroom is 10 Square Feet. |   |        |              |
|                                 | Proposed Number of Parallel Batches per day in this Classroom $\star$                          |  |   |        |              |
|                                 |  | Please Enter No. of Batches Taught Per Day                                 |   |        |              |
|                                 | Availability of Adequate Light in the Classroom <b>*</b>                                       | ●Yes ◎No   |   |        |              |
|                                 |  | Is the Classroom well lit ?  |   |        |              |
|                                 | Availability of Exhaust Fan *  | ®Yes ◎No   |   |        |              |
|                                 | Electrical Wires and Switchboard Secured*  | ●Yes ◎No   |   |        |              |
|                                 | Classroom Well Ventilated*   | ⊛Yes ©No   |   |        |              |
|                                 | Availability of Dustbin in the Classroom*  | ●Yes ◎No   |   |        |              |
|                                 | Is the Classroom Clean and Hygienic?   | ⊛Yes ©No   |   |        |              |
|                                 | *  |  |   |        |              |
|                                 | Contact of Fire Brigade, Ambulance, Hospital Emergency Numbers<br>displayed in the Classroom * | ®Yes ◎No   |   |        |              |
|                                 | Classroom used for which Job Roles   | ✓KEY ACCOUNTS SALES MANAGER  | _ |        |              |
|                                 |  | ©REY ACCOUNTS SALES MANAGER  |   |        |              |
|                                 |  |  |   |        |              |
|                                 |  |  |   |        |              |
|                                 | Remark (If Any)  | ·  | ] |        |              |
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Once you have Saved the details of one Class Room you will be asked for adding an additional Class Room and the details of the earlier class rooms added will be displayed below

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|   | 5   | Skill Mana | agement & AccRed              | R 1<br>litation of Traini       | Beta<br>ing Centres                                      | VITERA O<br>GOVERNMENT<br>MINISTRY OF SIGLE O<br>& ENTREPHON                    | ren<br>of RDDA<br>DEVELOPMENT<br>EVISION | N:S:D-C<br>National<br>Corporation<br>forming the skill landscape | dia<br>ल भारत                         |  | Sund                        | come KUSHAL<br>day, September<br><b>ng Centre Das</b>          | 18, 2016                  |  |
|   | Payme   | nt History | Change F                      | Password                        |  |   |  |   |                                       |  |                             | Lo   | ogout                     |  |
|   |   |            |                               |                                 | Centr  | e Accre   | editation                                | Affiliation For   | m (CAA                                | F)   |                             |  |                           |  |
|   | Gene  | eral Detai | ils                           | Job I                           | Roles  | Classro   | ooms Details                             | Laboratories Details  | s                                     | Centre Area                                    | Res                         | idential Facili  | ties                      |  |
|   | Fa  | acilities  |                               | Trai                            | ners   | Cen   | ntre Staff                               | Equipment   | Pho                                   | otograph Uploa                                 | ad Si                       | ubmit the CAA  | \F                        |  |
|   | Add Clas  | srooms     | o Details                     |                                 |  |   |  |   |                                       |  |                             |  |                           |  |
|   | Do You Want to Add More Classrooms Details ? Click Here Back Next |            |                               |                                 |  |   |  |   |                                       |  |                             |  |                           |  |
|   | Available Classroom Details                                       |            |                               |                                 |  |   |  |   |                                       |  |                             |  |                           |  |
| javascript:doPostBack('ctl00\$ContentPlace⊦           | Delete  | S.No.      | Classroom<br>Serial<br>Number | Carpet<br>Area<br>(In<br>Sq.Ft) | Proposed<br>Batch<br>Size (for<br>this<br>Class<br>Room) | Proposed<br>Number of<br>Parallel<br>Batches<br>per day in<br>this<br>Classroom | Availability<br>of Air<br>Conditioner    | Adequate Power<br>Backup<br>(UPS/GenSet/Inverter)                 | CCTV<br>with<br>Recording<br>Facility | Availability<br>of any<br>Type of<br>Projector | Availability<br>of Internet | Availability<br>of<br>Adequate<br>Light in<br>the<br>Classroom | Availat<br>of Exha<br>Fan |  |
| 🤌 🚞 🚺 🖉   |   |            | •••                           | S                               |  | 1.4001001   |  |   |                                       |  |                             | C  |                           | 2:41 PM<br>Beta <sub>2016</sub> داله الله. |



Once all Class Rooms are filled up move on to the next tab and add details of Laboratories. Each Lab should be given a serial number that should be displayed on the entrance door of the lab.

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|                                 |                                 | Centr                         | e Accrea         | itation /       | Affiliation Form   | (CAAF)                                 |                        |                |
|                                 |                                 |                               |                  |                 |  |  |                        |                |
|                                 | General Details                 | Job Roles                     | Classroom        | ns Details      | Laboratories Details   | Centre Area                            | Residential Facilities |                |
|                                 | Facilities                      | Trainers                      | Centre           | Staff           | Equipment  | Photograph Upload                      | Submit the CAAF        |                |
|                                 | Facilities                      | Trainers                      | Centre           | Stall           | Equipment  | Photograph opioad                      | Submit the CAAP        |                |
|                                 | Add Laboratorian Data           | lle.                          |                  |                 |  |  |                        | i              |
|                                 | Add Laboratories Deta           | lis                           |                  |                 |  |  |                        |                |
|                                 |                                 |                               | Lab Type         |                 |  |  |                        |                |
|                                 |                                 |                               | Lab Type         | Other<br>Other  |  | •                                      |                        |                |
|                                 |                                 | Is the Lab Same as the        | Classroom? *     | IT / Comp       | outer Lab  |  |                        |                |
|                                 |                                 |                               |                  | Lab and Classro | oom may or may not be combined for sp  | ecific job roles . Please contact the  |                        |                |
|                                 |                                 |                               |                  | SSC to know     |  |  |                        |                |
|                                 |                                 | Lab Se                        | erial Number *   |                 |  |  |                        |                |
|                                 |                                 |                               |                  | Classic Number  | each Lab. Example Lab 1, Lab 2. The Nu   | anter a tradition of the second second |                        |                |
|                                 |                                 |                               |                  |                 | Continuous Monitoring results will be afi  |  |                        |                |
|                                 |                                 |                               |                  | Number is char  | -  |  |                        |                |
|                                 |                                 | Availabilit                   | y of Internet *  |                 |  |  |                        |                |
|                                 |                                 | , wantability                 | , or memory      | Select          |  |  |                        |                |
|                                 |                                 |                               |                  |                 | is used for any job role for IT/ITes Sect<br>nternet is must in the Lab in such cases. |  |                        |                |
|                                 |                                 |                               |                  |                 |  |  |                        |                |
|                                 |                                 | Availability of Air           | Conditioner *    | OYes ON         | 0  |  |                        |                |
|                                 |                                 | Carpet A                      | rea (In Sq.ft) * |                 |  |  |                        |                |
|                                 |                                 |                               |                  | Please ensure o | compliance with SSC specified Lab Area   | as per the job role.                   |                        |                |
|                                 |                                 | Proposed Batch Size           | for this Lab *   |                 |  |  |                        |                |
|                                 |                                 | Toposed Daton bize            |                  |                 |  |  |                        |                |
|                                 |                                 |                               |                  | Minimum space   | e requirement per trainee in each Labora   | tory is 10 Square Feet.                |                        |                |
|                                 | Proposed Numb                   | er of parallel Batches per da | y in this Lab *  |                 |  |  |                        |                |
| 🧀 🚞 💽 🚇                         |                                 | ) 🧕 🔁                         |                  |                 |  |  | <u> </u>               | 2:41 PM        |

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You should have read the guidelines and the grading matrix properly so that your application is not rejected due to any pendency. Use the remarks column if you want to add any clarification, subjectivity or additional information regarding the particular section

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| ★ Bookmarks 📋 Customize Links 📋                       | Imported From IE   | minimum space requirement per tismee in each Laboratory is no oquare neet. |        | 🛅 Other bookm |
|   | Descend Marshare Consultation and design that the  |  | carpet | 1 of 1 🔨 🗙    |
|   | Proposed Number of parallel Batches per day in this Lab *                                | 3  |        |               |
|   |  |  |        |               |
|   | Remark (If Any)  |  |        |               |
|   |  |  |        |               |
|   |  |  |        |               |
|   | Availability of Power Back Up (UPS/Genset/Inverter) *                                    | ●Yes ◎No   |        |               |
|   | Availability of CCTV Camera with Recording Facility $\star$                              | ●Yes ○No   |        |               |
|   | Lab is used for which Job Roles? *   | ☑Key Accounts Sales Manager  |        |               |
|   |  |  |        |               |
|   |  |  |        |               |
|   |  |  |        |               |
|   | Availability of Adequate Light in the Lab *  | ●Yes ●No   |        |               |
|   |  | Is the Lab well lit  |        |               |
|   | Availability of Exhaust Fan *  | ●Yes ●No   |        |               |
|   | Electrical Wires and Switchboard Secured *   | ●Yes ●No   |        |               |
|   | Electrical Wires and Switchboard Secured *   | Yes VO   |        |               |
|   | Lab Well Ventilated *  |  |        |               |
|   | Lab Well Ventilated *  | ©Yes ◎No   |        |               |
|   | Availability of Dustbin in The Lab *   | ©Yes ◎No   |        |               |
|   | Is the lab Clean and Hygienic? <b>*</b>  | ©Yes ◎No   |        |               |
|   | Contact of Fire Brigade, Ambulance, Hospital Emergency Numbers<br>Displayed in The Lab * | ©Yes ©No   |        |               |
|   | Remarks (If Any)   |  |        |               |
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Once you have Saved the details of one Laboratory you will be asked for adding an additional Laboratory and the details of the earlier Laboratory added will be displayed below

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|--|--|--|----------------|
| ← → X 🖌 🗋 www.smartnsdc.org/User-Dashboard/User_LAB.aspx |  |  | t S            |
| ★ Bookmarks 🕒 Customize Links 🧀 Imported From IE         | www.smartnsdc.org says:                  |  | 📋 Other bookma |
| Skill Management & AccReditation of Training Centres     | Laboratory Details Entered Successfully. | Welcome KUSHAL BHARAT<br>Sunday, September 18, 2016<br>Training Centre Dashboard |                |
| Payment History Change Password                          |  | Logout   |                |
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#### **Centre Accreditation Affiliation Form (CAAF)**

| Gene   | ral Det   | ails        | J                     | ob Roles      |                | Classroom         | is Details         | Laborato               | ries Details       |          | Centre Area        | Re                       | sidential Faci    | lities         |
|--|-----------|-------------|-----------------------|---------------|----------------|-------------------|--------------------|------------------------|--------------------|----------|--------------------|--------------------------|-------------------|----------------|
| Fa   | acilities | ;           |                       | Trainers      |                | Centre Staff      |                    | Equi                   | Equipment          |          | Photograph Upload  |                          | Submit the CAAF   |                |
| Add Labo   | ratori    | es Det      | aile                  |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
|  | aton      | es Dei      | lano                  |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
|  |           |             |                       |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
| Do You Want to Add More Laboratories Details? Click Here |           |             |                       |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
|  |           |             |                       |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
|  |           |             |                       |               |                |                   | Back               | Next                   |                    |          |                    |                          |                   |                |
|  |           |             |                       |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
| Available  | Labo      | ratorie     | es Details            |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
|  |           |             |                       |               |                |                   |                    |                        |                    |          |                    |                          |                   |                |
| Delete   |           | Lab<br>Type | Is the Lab<br>Same as | Lab<br>Serial | Carpet<br>Area | Proposed<br>Batch | Proposed<br>Number | Total<br>Number of     | Lab is<br>used for | Internet | Air<br>Conditioner | Availability<br>of Power | CCTV<br>Recording | Avail<br>of    |
|  |           |             | the<br>Classroom      | Number        | (In            | Size              | of<br>Batches      | Computers<br>/ Laptops | which<br>Job       |          |                    | Backup<br>(UPS/          | Facility          | Adeq           |
|  |           |             | Classroom             |               | Sq.Ft)         |                   | in this            | in IT Labs             | JOD                |          |                    | (UPS/<br>Genset/         |                   | Light<br>the L |
|  |           |             |                       |               |                |                   | Lab Per            |                        |                    |          |                    | Inverter)                |                   |                |

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Once you have added details of all Laboratories move on to the next tab of "Centre Areas". Here you have to mark the availability of different facilities in each relevant area such as Counseling Area, Reception Area, Library, Washrooms etc as given in the drop down menu

| 😼 SMART - Skill Managemen 🗙 📃   |                          |                               |                  |                         |  |                   |                 |
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|                                 |                          | Centr                         | e Accredi        | itation A               | <b>Affiliation Form</b>                                    | (CAAF)            |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 | General Details          | Residential Facilities        |                  |                         |  |                   |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 | Facilities               | Trainers                      | Centre           | Staff                   | Equipment  | Photograph Upload | Submit the CAAF |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 | Add Centre Area Detai    | ls                            |                  |                         |  |                   |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 |                          |                               | lect the Area *  | Select<br>Select        |  | Ŧ                 |                 |
|                                 |                          |                               |                  | Counsellin<br>Reception |  |                   |                 |
|                                 | *                        |                               |                  | Library                 |  |                   |                 |
|                                 |                          |                               |                  |                         | ce (For Trainers and Staff)<br>t And Entrepreneurship Cell |                   |                 |
|                                 |                          | Availability of Internet *    |                  |                         | ıs   |                   |                 |
|                                 |                          | Availability of Air-0         | Conditioning *   | Playgroun<br>Parking if |  |                   |                 |
|                                 | Availability o           | of Power Back Up ( UPS/Gen:   | set/Inverter) *  | Any Outsic              | de Area which is a part of the C                           | Centre.           |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 | Availability             | of CCTV Camera with Recor     | rding Facility * | OYes ONo                | )  |                   |                 |
|                                 |                          | Availability of               | Exhaust Fan*     | ⊖Yes ⊖No                | )  |                   |                 |
|                                 | E                        | Electrical Wires and Switchbo | oard Secured*    | ⊖Yes ⊖No                | )  |                   |                 |
|                                 |                          | Poom is we                    | ell Ventilated * | OYes ⊙No                |  |                   |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 |                          | Availability of Dustbin       | in the Room*     | OYes ONo                | )  |                   |                 |
|                                 |                          | Is the Room Clean ar          | nd Hygienic? *   | ⊖Yes ⊖No                | )  |                   |                 |
|                                 |                          |                               | Remarks          |                         |  |                   |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |
|                                 |                          |                               |                  |                         |  |                   |                 |



## After saving the details of one area please SAVE the information

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|                                 | General Details                    | Job Roles                         | Classroom       | ns Details       | Laboratories Details                         | Centre Area                             | Residential Facilities |
|                                 | Facilities                         | Trainers Centre                   |                 | Staff Equipment  |  | Photograph Upload                       | Submit the CAAF        |
|                                 | Tacinties                          | Trainers                          | Centre          | Stall            | Equipment                                    | Photograph opioad                       | Submit the CAAI        |
|                                 | Add Centre Area Detail             | s                                 |                 |                  |  |   |                        |
|                                 |                                    |                                   |                 |                  |  |   |                        |
|                                 |                                    | Sele                              | ect the Area *  | Counsellin       | ig Area                                      | -                                       |                        |
|                                 |                                    |                                   |                 |                  | and complete the details. Post Complet       |   |                        |
|                                 |                                    |                                   |                 | do not leave det | ails of any area , else it may affect the ir | nformation of total area of your Centre |                        |
|                                 |                                    | Carpet Area (In Sq.Ft) *          |                 |                  |  |   |                        |
|                                 | Availability of Internet *         |                                   |                 | Speed of I       | ess Than 1 MBPS & Greater T                  | han 512 KBPS 🔹                          |                        |
|                                 | Availability of Air-Conditioning * |                                   |                 | ●Yes ○No         |  |   |                        |
|                                 | a ditaba                           | -                                 | -               |                  |  |   |                        |
|                                 | Availability o                     | f Power Back Up ( UPS/Gens        | et/Inverter) *  | ●Yes ○No         |  |   |                        |
|                                 |                                    | Availability of                   | Exhaust Fan*    | OYes ®No         |  |   |                        |
|                                 | E                                  | Electrical Wires and Switchbo     | ard Secured*    | ●Yes ○No         | )  |   |                        |
|                                 |                                    | Room is we                        | ll Ventilated * | ●Yes ○No         | )  |   |                        |
|                                 |                                    | Availability of Dustbin           | in the Room*    | ●Yes ○No         | )  |   |                        |
|                                 |                                    |                                   |                 | ●Yes ●No         |  |   |                        |
|                                 |                                    | Is the Room Clean and Hygienic? * |                 |                  | )  |   |                        |
|                                 |                                    |                                   | Remarks         |                  |  |   |                        |
|                                 |                                    |                                   |                 |                  |  |   |                        |
|                                 |                                    |                                   |                 |                  |  |   |                        |
|                                 | Note: Please enter                 | the Area details of all the Ro    | oms other than  | Classrooms a     | nd Labs. This will enable to o               | capture the total area of the C         | entre in square foot . |
|                                 |                                    |                                   |                 |                  |  |   |                        |

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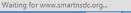
## Answer the relevant questions in Yes or No for each of the listed areas

| C SMART - Skill Management ×                                   |   | Maneet 💷 🗇 🚺  |  |  |  |  |  |  |  |  |  |
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| Skill Management & AccReditation of Training Centres           | Centre Area Details Entered Successfully. | Welcome KUSHAL BHARAT<br>Sunday, September 18, 2016<br><b>Training Centre Dashboard</b> |  |  |  |  |  |  |  |  |  |
| Payment History Change Password                                |   | Logout  |  |  |  |  |  |  |  |  |  |

#### Centre Accreditation Affiliation Form (CAAF)

| General Details         | Job Roles    | Classrooms     | Details Laboratories Details |   | Centre Area       | Residential Facilities |
|-------------------------|--------------|----------------|------------------------------|---|-------------------|------------------------|
| Facilities              | Trainers     | Centre Staff   |                              | Equipment   | Photograph Upload | Submit the CAAF        |
| Add Centre Area Details | 6            |                |                              |   |                   |                        |
|                         | Sele         | ct the Area *  | Counsellir                   | ng Area   |                   |                        |
|                         |              |                |                              | and complete the details. Post Complet<br>tails of any area , else it may affect the ir |                   |                        |
|                         | Carpet Are   | a (In Sq.Ft) * | 150                          |   |                   |                        |
|                         | Availability | of Internet *  | Speed                        |   | •                 |                        |
|                         |              |                |                              |   |                   |                        |





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## Click the next tab only if you have an existing Residential Facility else move on to the next tab of Facilities

| 🗕 SMART - Skill Managemer 🗙 📃      |  |  |                   |                  |                   |                 |  |  |  |  |  |  |
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|                                    | Skill Management & Accreditation of Training Centres       Image: Control of training the skill landscape       Welcome KUSHAL BHARAT         Skill Management & Accreditation of Training Centres       Image: Control of training the skill landscape       Image: Control of training the skill landscape       Image: Control of training the skill landscape       Welcome KUSHAL BHARAT |  |                   |                  |                   |                 |  |  |  |  |  |  |
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|                                    |  | Centre   | e Accreditation A | Affiliation Form | (CAAF)            |                 |  |  |  |  |  |  |
|                                    | General Details         Job Roles         Classrooms Details         Laboratories Details         Centre Area         Reside   |  |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    | Facilities   | Trainers                                       | Centre Staff      | Equipment        | Photograph Upload | Submit the CAAF |  |  |  |  |  |  |
|                                    | Add Residential Area   |  |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    |  | Do You have Residential Area Available? Yes No |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    |  | Back Next                                      |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    | Available Residential A  | rea  |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    |  |  |                   |                  |                   |                 |  |  |  |  |  |  |
|                                    |  |  |                   |                  |                   |                 |  |  |  |  |  |  |



## Chose all relevant options and add details where asked for

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|                             |                           | Centre                         | e Accredit       | tation A       | Affiliation Form                         | (CAAF)            |                        |
|                             |                           |                                |                  |                |  |                   |                        |
|                             | General Details           | Job Roles                      | Classrooms       | Details        | Laboratories Details                     | Centre Area       | Residential Facilities |
|                             | Facilities                | Trainers                       | Centre S         | toff           | Equipment                                | Photograph Upload | Submit the CAAF        |
|                             | racinties                 | Trainers                       | Centre S         | Jan            | Equipment                                | Photograph opload | Submit the CAAP        |
|                             | Add Residential Area      |                                |                  |                |  |                   |                        |
|                             | Add Residential Area      |                                |                  |                |  |                   |                        |
|                             | Residential Facility *    |                                | ntial Facility * | Select         |  | •                 |                        |
|                             |                           |                                |                  |                |  |                   |                        |
|                             | Total Area (In Sq.Ft) *   |                                |                  |                |  |                   |                        |
|                             | Number of Rooms *         |                                |                  |                |  |                   |                        |
|                             |                           | Residenti                      | al Capacity *    |                | e 1 e 1                                  |                   |                        |
|                             |                           |                                | al obpainty      | (in terms o    | of number of students)                   |                   |                        |
|                             | Availability o            | of Power Back Up (UPS/Gens     | et/Inverter) *   | OYes ON¢       | 0  |                   |                        |
|                             | Availability of CCTV Car  | mera with Recording Facility i | n Residential    | ⊖Yes ⊖No       | 0  |                   |                        |
|                             |                           |                                | Facility *       |                |  |                   |                        |
|                             |                           | Availability                   | of Warden *      | ⊖Yes ⊖No       | 0  |                   |                        |
|                             |                           |                                |                  | For Female Hos | tel/ Residential facility, Female Warden | is must           |                        |
|                             |                           | Availabi                       | ity of Mess *    | ⊖Yes ⊖No       | 0  |                   |                        |
|                             |                           | Availability of 24 Ho          | our Security *   | OYes ON        | 0  |                   |                        |
|                             |                           |                                |                  |                |  |                   |                        |
|                             |                           | Ren                            | narks (If Any)   |                |  |                   |                        |
|                             |                           |                                |                  |                |  |                   |                        |
|                             |                           |                                |                  |                |  |                   |                        |

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## Scroll down to fill up the sections of Differently Abled friendliness and Hygienic and Sanitation

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|--|---------------------------|---------------------------|----------------|----------------------------|---------------------------------------|------------------------------|------------------------|--------|
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|  |                           | Centre                    | e Accredi      | tation A                   | Affiliation Form                      | (CAAF)                       |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
| Genera                                 | ral Details               | Job Roles                 | Classroom      | s Details                  | Laboratories Details                  | Centre Area                  | Residential Facilities |        |
| Fac                                    | cilities                  | Trainers                  | Centre         | Staff                      | Equipment                             | Photograph Upload            | Submit the CAAF        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
| Differently                            | Abled Friendly D          | Details                   |                |                            |                                       |                              |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
| Ava                                    |                           | nal Washroom for Differ   | -              | O Yes C                    |                                       |                              |                        |        |
|  | Availability of F         | Ramps at the Entrance of  | f the Centre * | O Yes                      | No                                    |                              |                        |        |
| Availabi                               | ility of Lifts in Case tl | he Centre is Extended to  |                | O Yes C                    | No                                    |                              |                        |        |
|  |                           | (Besides Gro              | ound Floor) *  |                            |                                       |                              |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
| Hygienic a                             | and Sanitation            |                           |                |                            |                                       |                              |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
|  | Availa                    | bility of Functional Male | Washroom *     | O Yes C                    | No                                    |                              |                        |        |
|  | Availabil                 | ity of Functional Female  | Washroom *     | O Yes                      |                                       |                              |                        |        |
|  |                           |                           |                | Please Answer<br>Washroom. | the Below Questions which are Applica | ble for both Male and Female |                        |        |
|  | Availability              | of a Dedicated Houseke    | eping Staff *  | • Yes                      | No                                    |                              |                        |        |
|  | ,,                        | Washroom is Clean ar      |                | O Yes                      |                                       |                              |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |
| Availab                                | ility of Daily Inspection | on Card/Checklist in the  | Washroom *     | O Yes C                    | No                                    |                              |                        |        |
|  |                           |                           |                |                            |                                       |                              |                        |        |

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## Fill up the details asked for or chose the applicable options

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|                                    |                              | Centr                          | e Accreditat       | ion A                | ffiliation Form                            | (CAAF)                       |                        |                |
|                                    |                              |                                |                    |                      |  |                              |                        |                |
|                                    | General Details              | Job Roles                      | Classrooms Det     | ails                 | Laboratories Details                       | Centre Area                  | Residential Facilities |                |
|                                    | Facilities                   | Trainers                       | Centre Staff       |                      | Equipment                                  | Photograph Upload            | Submit the CAAF        |                |
|                                    | Facilities                   | Trainers                       | Centre Stan        |                      | Equipment                                  | Photograph opioad            | Submit the CAAP        |                |
|                                    | Differently Abled Friend     | lly Details                    |                    |                      |  |                              |                        | 1              |
|                                    | Differenci, y i bie a l'hene |                                |                    |                      |  |                              |                        |                |
|                                    | Availability of a Fur        | nctional Washroom for Diffe    | rently Abled * 🔹 🖲 | Yes 🔍                | No   |                              |                        |                |
|                                    | Availability                 | / of Ramps at the Entrance o   | f the Centre * 🔹 🖲 | Yes 🔍                | No   |                              |                        |                |
|                                    | Availability of Lifts in Ca  | ase the Centre is Extended to  | Other Floors       | Yes 🔍                | No   |                              |                        |                |
|                                    | Availability of Ents in oa   |                                | round Floor) *     | 103 0                | 110  |                              |                        |                |
|                                    |                              |                                |                    |                      |  |                              |                        |                |
|                                    |                              |                                |                    |                      |  |                              |                        |                |
|                                    | Hygienic and Sanitation      | 1                              |                    |                      |  |                              |                        |                |
|                                    | A                            | vailability of Functional Male | Washroom *         | Yes 🔘                | No   |                              |                        |                |
|                                    |                              |                                |                    | Yes O                |  |                              |                        |                |
|                                    | Avai                         | ilability of Functional Female |                    |                      | NO<br>e Below Questions which are Applicab | ble for both Male and Female |                        |                |
|                                    |                              |                                |                    | hroom.               |  |                              |                        |                |
|                                    | Availab                      | bility of a Dedicated Housek   | eeping Staff * 🛛 🖲 | Yes 🔍                | No   |                              |                        |                |
|                                    |                              | Washroom is Clean a            |                    | elect<br>leverse Osr | mosis (RO)                                 |                              |                        |                |
|                                    | And the little of Dotte to a |                                | W                  | Vater Purifi         |  |                              |                        |                |
|                                    | Availability of Daily Insp   | pection Card/Checklist in the  | N                  | lone                 | mining water Dispenser                     |                              |                        |                |
|                                    |                              | Availability of Safe Dri       | nking Water * Si   | elect                |  | <b>.</b>                     |                        |                |
|                                    |                              |                                |                    |                      |  |                              |                        |                |

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## Read the guidelines for provisions of Medical and Safety as they are an important criterion of your approval and grading

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|                                    | Medical & Safety   |   |                |
|                                    |  |   |                |
|                                    | Availability of Fire Fighting Equipment *  | Water based Fire Extinguisher       Foam Based Fire Extinguisher  |                |
|                                    |  | Dry Powder based Fire Extinguisher  |                |
|                                    |  | Carbon Dioxide based Fire Extinguisher  |                |
|                                    |  | Any one of the Equipment lists is required. User may select multiple options  |                |
|                                    | Contact of Fire Brigade Displayed in all Classrooms $^{\star}$                                       | 🔍 Yes 🔍 No  |                |
|                                    | Contact of Fire Brigade Displayed in all Labs *  | 🔍 Yes 🔍 No  |                |
|                                    | Contact of Fire Brigade Displayed in Reception *   | 🔍 Yes 🔍 No  |                |
|                                    | Fire Safety Instructions Displayed at the Centre *   | 🔍 Yes 🔍 No  |                |
|                                    | Availability of First Aid Kit *  | 🔍 Yes 🔍 No  |                |
|                                    |  | First Aid Kit should contain the following items: 1. Emergency telephone numbers for  |                |
|                                    |  | emergency medical services 2. Sterile gauze pads (dressings) in small and large squares to<br>place over wounds 3. Disinfectants like Dettol or Savlon 4. Medicines like pain killers and     |                |
|                                    |  | place over wounds 3. Disintectants like Dettol or Savlon 4. Medicines like pain killers and<br>antibiotics 5. Roller bandages to hold dressings in place 6. Adhesive tape / Adhesive bandages |                |
|                                    |  | in assorted sizes 7. Scissors and Tweezers 8. Antiseptic wipes or soap 9. Thermometer   |                |
|                                    | Is the First Aid Kit Wall Mounted at the Centre? $^{\star}$  | 🔍 Yes 🔍 No  |                |
|                                    | Contact No. of Fire Brigade , Ambulance, Hospital, Emergency<br>Numbers Displayed in all Classroom * | Yes No  |                |
|                                    | Contact No. of Fire Brigade, Ambulance, Hospital, Emergency<br>Numbers Displayed in all Labs *       | Yes No  |                |
|                                    | Contact of Fire Brigade, Ambulance, Hospital, Emergency Numbers<br>Displayed in the Reception Area * | Yes No  |                |
|                                    |  |   |                |

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## After completing this section save the information and move ahead to the next tab

| SMART - Skill Managemer: ×   |                |                                     | Maneet _ 🗇 🔉                                  |
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| Contact No. of Fire Brigade , Ambulance, Hospital, Emergency<br>Numbers Displayed in all Classroom * | 🖲 Yes 🔘 No     |                                     |   |
| Contact No. of Fire Brigade, Ambulance, Hospital, Emergency<br>Numbers Displayed in all Labs *       | Yes ONO        |                                     |   |
| Contact of Fire Brigade, Ambulance, Hospital, Emergency Numbers<br>Displayed in the Reception Area * | Yes ONO        |                                     |   |
| Other Facilities   |                |                                     |   |
| Availability of Pantry *   | ○ Yes ● No     |                                     |   |
| Availability of Photocopier *  | 🖲 Yes 🔍 No     |                                     |   |
| Availability of Printer *  | 🖲 Yes 🔍 No     |                                     |   |
| Availability of Self Owned Parking Facility <b>*</b>   | O Yes 🖲 No     |                                     |   |
|  | Back Save Next |                                     |   |
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|  |                | <u>S</u> N                          | anagement & AccReditation of Training Centres |

Click the tab of Trainers and start adding the information of each trainer one by one. Each trainer must have an Aadhar Card as their Aadhar linked attendance has to be marked during training

| 🜀 SMART - Skill Managemer 🗙 📃   |  |                                  |  |  |   |                                       |  | Maneet 💶 🗇                    |
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|                                 | Payment History Cha  | ange Password                    |  |  |   |                                       | Logout   |                               |
|                                 |  | Centre                           | e Accred   | itation /  | Affiliation Form  | (CAAF)                                |  |                               |
|                                 | General Details  | Job Roles                        | Classroom  | ns Details   | Laboratories Details  | Centre Area                           | Residential Facilities   |                               |
|                                 | Facilities Trainers Centre   |                                  |  | Staff  | Equipment   | Photograph Upload                     | Submit the CAAF  |                               |
|                                 | Add Trainer's Detail   |                                  |  |  |   |                                       |  |                               |
|                                 |  | Tr                               | ainer Name *   | Paramjit \$  | Singh   |                                       |  |                               |
|                                 |  | Aadha                            | aar Number *   | 90981023   | 3912392   |                                       |  |                               |
|                                 |  |                                  |  | Aadhaar no. is   | not mandatory in NE and J&K area, but d   |                                       |  |                               |
|                                 |  | Trainer Identified f             | or Job Role *  | Select   |   |                                       |  |                               |
|                                 |  | Trainer's Certified for          | or which SSC   | Select<br>Key Acco   | unts Sales Manager  |                                       |  |                               |
|                                 |  |                                  |  |  | e document to Upload the Certificate of 1   |                                       |  |                               |
|                                 | Highest Qualification *  |                                  |  |  |   | •                                     |  |                               |
|                                 |  |                                  |  | Select   |   |                                       |  |                               |
|                                 | Does the Trainer have Minimum Qualification as per SSC Criteria? $\star$ |                                  |  |  |   |                                       |  |                               |
|                                 |  |                                  |  |  | be qualified as per SSC's criteria. Maximu<br>No relaxation allowed in qualification. | um or six month relaxation allowed in |  |                               |
|                                 | Trainer Certified in Entrep  | preneurship by NIESBUD or Si     | milar Agency   | OYes ON  |   |                                       |  |                               |
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## Once the TP creates an account for a TP log in details are sent to the email ID and mobile number of the SPOC

| 🜀 SMART - Skill Managemer 🗙 📃     |                             |                                   |   |                   |   |                                       |  | Maneet _ 🗇    |
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|                                   | Payment History Ch          | ange Password                     |   |                   |   |                                       | Logout   |               |
|                                   |                             | Centre                            | e Accredi   | tation /          | Affiliation Form  | (CAAF)                                |  |               |
|                                   | General Details             | Job Roles                         | Classroom   | s Details         | Laboratories Details  | Centre Area                           | Residential Facilities   |               |
|                                   | Facilities                  | Trainers                          | Centre  | Staff             | Equipment   | Photograph Upload                     | Submit the CAAF  |               |
|                                   | Add Trainer's Detail        |                                   |   |                   |   |                                       |  |               |
|                                   |                             | Tr                                | ainer Name *  | Paramjit S        | Singh   |                                       |  |               |
|                                   |                             | Aadha                             | aar Number *  | 90981023          |   |                                       |  |               |
|                                   |                             |                                   |   | Aadhaar no. is i  | not mandatory in NE and J&K area, but d   | esirable                              |  |               |
|                                   |                             | Trainer Identified f              | or Job Role *   | Key Accor         | unts Sales Manager  | *                                     |  |               |
|                                   |                             | Trainer's Certified fo            | or which SSC  | None              |   | <b>.</b>                              |  |               |
|                                   |                             |                                   |   | None<br>Automotiv | ve Skills Development Council   |                                       |  |               |
|                                   |                             | Highest Q                         | ualification *  | Select            |   | <b>.</b>                              |  |               |
|                                   | Does the Trainer have Mi    | inimum Qualification as per S     | SC Criteria? *  | ⊖Yes ⊖N           | 0   |                                       |  |               |
|                                   |                             |                                   |   |                   | be qualified as per SSC's criteria. Maximu<br>No relaxation allowed in qualification. | um of six month relaxation allowed in |  |               |
|                                   | Trainer Certified in Entrep | preneurship by NIESBUD or Si      | milar Agency  | ⊖Yes ⊜N           | 0   |                                       |  |               |
|                                   |                             |                                   |   |                   |   |                                       |  | 2:48 PN       |

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Trainer may have multiple qualifications but here you have the option to chose only the HIGHEST and RELEVANT QUALIFICATION. Eg If the Trainer is B.Tech Mechanical and MBA but the Job Role demands the minimum qualification to be B.Tech then chose B.Tech here. But if this trainer is being used for Retail Courses where the minimum qualification is BBA then chose MBA here which is most RELEVANT & HEIGHEST

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| Skill Management & AccReditation of Training Centres              | Welcome KUSHAL BHARAT<br>Sunday, September 18, 2016<br><b>Training Centre Dashboard</b> |
| Payment History Change Password                                   | Logout  |

#### **Centre Accreditation Affiliation Form (CAAF)**

| General Details               | Job Roles                  | Classrooms Details  | Laboratories Details   | Centre Area                            | Residential Facilities |
|-------------------------------|----------------------------|---|--|--|------------------------|
| Facilities                    | Trainers                   | Centre St Selec   | t<br>2 Pass  | · · · · · ·                            | Submit the CAAF        |
| Add Trainer's Detail          |                            | 10th<br>7th P<br>8th P<br>B.Agr   | Pass<br>ass<br>ass   |  |                        |
|                               |                            | rainer Name * B. Arr<br>B.E<br>B.Ed<br>aar Number * B.Sc<br>B.Teo<br>BA           | h  |  |                        |
|                               | Trainer Identified         | for Job Role * Bach<br>Bach<br>For which SSC Bach<br>Bach<br>Bach<br>Bach<br>Bach | elor of Optometry<br>elor of Psychology<br>elor of Ayurvedic Medicine and Su<br>elor of Fire Engineering<br>elor of Homoeopathic Medicine a<br>elor of Law |  |                        |
|                               | Highest                    | Qualification * Selec   | t  | •<br>•                                 |                        |
| Does the Trainer have Mini    | mum Qualification as per S | Trainer sh  | No<br>ould be qualified as per SSC's criteria. Maxi<br>e but No relaxation allowed in qualification.   | mum of six month relaxation allowed in |                        |
| Trainer Certified in Entrepre | eneurship by NIESBUD or S  | imilar Agency OYes  | No   |  |                        |

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## Fill up details asked for

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|                                 | Trainer Certified in Entrepreneurship by NIESBUD or Similar Agency  | Trainer should be qualified as per SSC's criteria. Maximum of six month relaxation allowed in<br>experience but No relaxation allowed in qualification.<br>Yes |                |
|                                 | Name of Agency from which<br>Entrepreneurship Certification<br>Obtained *<br>Trainer is Full Time/Part Time Basis * | Part Time  Full Time   |                |
|                                 | Type of Resource *<br>Trainer Mobile Number *   | Dedicated Resource      Shared Resource     9815166979   |                |
|                                 | Total Years of Experience *<br>Out of Total Experience, Sector Related Experience (In Years) *                      | 10 <b>v</b>  |                |
|                                 | Out of Total Experience, Teaching Industry Experience (In Years) *<br>Remarks                                       | Select   |                |
|                                 |   | Back Save Next   |                |



Save the information of each trainer and you will be asked to add information of the next trainer where the previously added details of trainers will be displayed below

| SMART - Skill Managemer ×   |  |  | Maneet 💶 🗇 🗙   |
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|   | With which we have a second se | Welcome KUSHAL BHARAT<br>Sunday, September 18, 2016<br>Training Centre Dashboard |                |
| Payment History Change Password                                   |  | Logout   |                |
|   |  |  |                |

#### Centre Accreditation Affiliation Form (CAAF)

| Gene      | eral Details                             | s Job Roles              |                        | Classrooms Details Laboratories De |              | Laboratories Details Centre           |                              | Area               | Residenti           | ial Facilities          |
|-----------|--|--------------------------|------------------------|------------------------------------|--------------|---------------------------------------|------------------------------|--------------------|---------------------|-------------------------|
| Fa        | acilities                                | Traine                   | ers                    | Centre Sta                         | aff          | Equipment                             | Photograph                   | Upload             | Submit              | the CAAF                |
| Add Trois | Add Trainer's Detail                     |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
| Add frain | iers Detail                              |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
|           |  |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
|           |  |                          | Do You \               | Want to Add                        | More Trainer | 's Detail ? Cli                       | ck Here                      |                    |                     |                         |
|           |  |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
|           |  |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
| Back      |  |                          |                        |                                    |              |                                       |                              |                    |                     |                         |
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|           |  |                          |                        |                                    | Back Nex     | t                                     |                              |                    |                     |                         |
| Available | Trainer's Det                            | ail                      |                        |                                    | Back Nex     | t                                     |                              |                    |                     |                         |
|           |  |                          | Tation                 | Tuinu                              |              |                                       |                              | Tationia           | Turn of             |                         |
| Available | Trainer's Deta<br>S. Trainer<br>No. Name | ail<br>Aadhaar<br>Number | Trainer's<br>Certified | Trainer<br>Identified              | Back Nex     | t<br>Certified in<br>Entrepreneurship | Name of Agency<br>from Which | Trainer is<br>Full | Type of<br>Resource | Highest<br>Qualificatio |
|           | S. Trainer                               | Aadhaar                  |                        |                                    | Does the     | Certified in                          |                              |                    |                     | Highest<br>Qualificatio |

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## After filling the details of all trainers move on to the next tab of Centre Staff

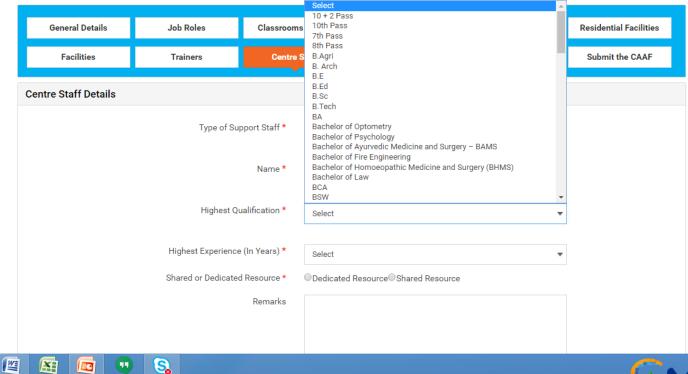
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|                                 | Payment History Cha       | nge Password                     |   |           |  |                   | Logout   |   |
|                                 |                           | Centre                           | e Accredita   | ation A   | Affiliation Form   | (CAAF)            |  |   |
|                                 | General Details           | Job Roles                        | Classrooms D  | )etails   | Laboratories Details   | Centre Area       | Residential Facilities   |   |
|                                 | Facilities                | Trainers                         | Centre Sta  | aff       | Equipment  | Photograph Upload | Submit the CAAF  |   |
|                                 | Centre Staff Details      |                                  |   |           |  |                   |  |   |
|                                 |                           | Type of Su                       | pport Staff *   | Select    |  | •                 | ]  |   |
|                                 |                           | Highest Q                        | Name *  |           |  | <b>.</b>          |  |   |
|                                 |                           | Highest Experience               | e (In Years) *  | Select    |  | •                 |  |   |
|                                 |                           | Shared or Dedicate               | d Resource * 🛛 🔘  | Dedicated | Resource <sup>O</sup> Shared Resourc   | e                 |  |   |
|                                 |                           |                                  | Remarks   |           |  |                   |  |   |
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### Chose the Centre Staff one by one and fill up their relevant details as asked for



#### Centre Accreditation Affiliation Form (CAAF)





Add detail of the staff, their highest qualification, experience, whether working dedicatedly for PMKVY or shared for any other project

| 😼 SMART - Skill Managemer 🗙 💽   | 7                           |                    |                |            |                                       |                   |                        | Maneet 🗕 🗖 🗙    |
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|                                 |                             | Centre             | e Accredi      | tation A   | Affiliation Form                      | (CAAF)            |                        |                 |
|                                 | General Details             | Job Roles          | Classroom      | s Details  | Laboratories Details                  | Centre Area       | Residential Facilities |                 |
|                                 | Facilities                  | Trainers           | Centre         | Staff      | Equipment                             | Photograph Upload | Submit the CAAF        |                 |
|                                 | Centre Staff Details        |                    | •              |            |                                       |                   |                        |                 |
|                                 |                             | Type of Su         | upport Staff * |            | st/ Front Office Coordinator          | -                 |                        |                 |
|                                 |                             |                    | Name *         | Renu Gupta |                                       | 1700              |                        |                 |
|                                 |                             | Highest Q          | ualification * |            | f Psychology                          | ave.              |                        |                 |
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Click on "Click here" to add all staff members available in Training Centre for ex. Receptionist/ Front Office Coordinator, Placement Coordinator, Counsellors, Administration Officer, MIS Coordinator, Mobiliser one by one

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Select the Job Role added previously to add equipment details related to that job role and click on next

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#### Centre Accreditation Affiliation Form (CAAF)

| General Details   | Job Roles | Classrooms Details | Laboratories Details | Centre Area       | Residential Facilities |
|-------------------|-----------|--------------------|----------------------|-------------------|------------------------|
| Facilities        | Trainers  | Centre Staff       | Equipment            | Photograph Upload | Submit the CAAF        |
| Equipment Details |           |                    |                      |                   |                        |
|                   |           | Job Name Select    |                      | •                 |                        |
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## Click on relevant link to download Application App for Android or I-Phone and upload photos of the Training Centre

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|                                 | Photograph           | h of Internet Bill                          |                                   |                     |             |
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|                                 | Photograp            | h of Right Side View                        |                                   |                     |             |
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|                                 | Photograp            | h of Trainers                               |                                   |                     |             |
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|                                 | Sr. No.              | Trainer Details                             | Highest Qualification Certificate | SSC TOT Certificate |             |
|                                 | 1                    | Paramjit Singh                              |                                   |                     |             |
|                                 |                      |   |                                   |                     |             |
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|                                 | Photograp            | h of Classrooms Details (Complete View      | )                                 |                     |             |
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## Add Photographs of Classroom, laboratories, Centre area etc.

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|                                   | Photogram        | oh of Centre Area                        |                  |                  |               |
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Before submission of CAAF, you will be shown pendency, if any, to submit your application. Fill the pending details to click on respective link

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|                                 | General Details   | Job Roles                | Classrooms Details       | Laboratories Details     | Centre Area             | Residential Facilities  |    |
|                                 |   |                          |                          |                          |                         |                         |    |
|                                 | Facilities  | Trainers                 | Centre Staff             | Equipment                | Photograph Upload       | Submit the CAAF         |    |
|                                 |   |                          |                          |                          |                         |                         | -  |
|                                 | Final Submission  |                          |                          |                          |                         |                         |    |
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|                                 | Reason  |                          |                          |                          |                         | Page Link               |    |
|                                 | Please Enter 'Placement and Enterpreneurship Cell' in Centre area. Click Here |                          |                          |                          |                         |                         |    |
|                                 | Please Answer Mandatory Question in General Details.                          |                          |                          |                          |                         |                         |    |
|                                 | Please Enter 'Placement Coordinator' in Centre Staff. Click Here              |                          |                          |                          |                         |                         |    |
|                                 | Photo of Trainer's SSC Certificate is not uploaded                            |                          |                          |                          |                         | Click Here              |    |
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#### Centre Accreditation Affiliation Form (CAAF)

| General Details   | Job Roles                      | Classrooms Details | Laboratories Details | Centre Area       | Residential Facilities |  |  |
|---|--------------------------------|--------------------|----------------------|-------------------|------------------------|--|--|
| Facilities  | Trainers                       | Centre Staff       | Equipment            | Photograph Upload | Submit the CAAF        |  |  |
| Photograph of General   | Details                        |                    |                      |                   |                        |  |  |
| Please First Download The Application From The Following Link         Click Here to Download NSDC Applicant App For Android       Click Here to Download NSDC Applicant App For IOS |                                |                    |                      |                   |                        |  |  |
| <u> </u>  | Photograph of Training Centre  |                    |                      |                   |                        |  |  |
|   | Photograph of Biometric Device |                    |                      |                   |                        |  |  |
| Photograph of Internet Bill   | Photograph of Internet Bill    |                    |                      |                   |                        |  |  |
| Photograph of Front View  |                                |                    |                      |                   |                        |  |  |
| Photograph of Back View   | Photograph of Back View        |                    |                      |                   |                        |  |  |
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| Photograph of Right Side View   |                                |                    |                      |                   |                        |  |  |
| Photograph of Centre Outside Area Pic 1   |                                |                    |                      |                   |                        |  |  |
| Photograph of Centre Outside Area Pic 2   |                                |                    |                      |                   |                        |  |  |
| Photograph of Approach Road to the Centre Pic 1   |                                |                    |                      |                   |                        |  |  |
|   |                                |                    |                      |                   |                        |  |  |

Photograph of Trainers





## How to use Mobile App?





## Use the same user id and password received through email





# Make sure to enable Location/ GPS and click photos of various area of centres which will be geo-tagged

| CAAF Categories   |   |
|---|---|
| Select the relevent category to upload geotagged photograph<br>of your training centre. | s |
| Note: Please make sure your GPS and internet are enabled.                               |   |
| Center Details  |   |
| Trainers, Curriculum & Capacity   |   |
| Classrooms  |   |
| Labs  |   |
| Office Areas  |   |
| Equipments  |   |
| Others  |   |
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## Click Photographs of the equipment

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## Click photographs of biometric device, internet bill plan and submit

