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Website : [www.healthcare-ssc.in](http://www.healthcare-ssc.in)

# **HSSC AFFILIATION**

## **Application Form**

1. Name of the Institution : \_\_\_\_\_

2. Has your Institute implemented any government funded or sponsored skill development Programme during the last 2 year : Yes / No *(If yes, please attach the details)*

3. Has your Institute been funded by NSDC / is your institute a NSDC Partner : Yes / No *(If Yes, please attach details)*

4. Application for Affiliation for the following Job-roles *( please refer to the attached list of Job-roles):*

	Skill Centers <i>(address)</i>	Year of Establishment	Turn-over of the Centre (Rs. in lakh)	Medium of Instruction in the Skill Centre	Job-roles for which Affiliation is Sought <i>(please refer to the attached list of Job-roles)</i>
1					
2					
3					
4					
5					

Name of the Institution:

Signature:

**Section 1: Institution and Management Profile and Organizational Governance**

1. Name/s and contact detail of the Institute Director/s:

Name \_\_\_\_\_ Designation : \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile : \_\_\_\_\_  
 Fax \_\_\_\_\_ Email : \_\_\_\_\_

2. Name/s of Promoters : \_\_\_\_\_

3. Contact Details of the Institute (Headquarters/Corporate office) : Postal Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Web-address \_\_\_\_\_

4. Details of the Affiliation Coordinator of the VTP:

Name \_\_\_\_\_ Designation : \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile : \_\_\_\_\_  
 Fax \_\_\_\_\_ Email : \_\_\_\_\_

5. Year of Establishment : ..... ***(Please attach Registration Certificate)***

6. Institute prior experience in Skill Development

Experience - Number of Years	Sector
	Healthcare / Non-Healthcare

7. Number of Trainees Passed out in last 3 years

Year	Number of Students passed
Year 1	
Year 2	
Year 3	

8. Is the Institute Recognized with Any Body, If Yes, Please mention the following ***(Please attach Copy of Recognition certificate)*** :

1. Name of the Body with which recognized: \_\_\_\_\_
2. Recognition No. : \_\_\_\_\_
3. Year of Recognition: \_\_\_\_\_
4. Validity of Recognition: \_\_\_\_\_

Name of the Institution:

Signature:

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

Name of the Director/ Management Team Members	Educational Qualifications	Overall Work Experience (in years)	Prior Experience in the Skills Training Space	Key Achievements in the Skills Development
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

10. Educational Qualifications and Experience of Promoter(s):

Name of the Promoters/ Management	Educational Qualifications	Overall Work Experience (in years)	Promoters / Management of VTPs having Healthcare Background	Prior Experience in the Skills Training Space
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

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

Yes  No

If Yes, ***please enclose the Mission Statement***

12. Does your Institution have as “Operations Manual”?

Yes  No

13. If Yes, please certify if your “Operational Manual” cover the aspects mentioned below in the table.

*Please note: At the time of affiliation assessment, the Operations Manual will have to be presented for physical verification.*

Aspect	Yes / No	Remarks
Background of the Institution		
Organization Structure		
Details of other Affiliations, if applicable		

Name of the Institution:

Signature:

Industry Linkages		
Profile of Senior and Middle Management		
Profile of trainers		
Details of Infrastructure, workshop, store etc.		
Process of internal evaluation		
Placement cell details and its placement tracks		

14. Does your Institution have "HR Policy and Recruitment Guidelines"? *(Please attach a copy)*

Yes  No

15. Does your Institution have "Visitor Register"? *(To be produce during physical assessment)*

Yes  No

16. Does your Institution have "Stock Register"? *(To be produce during physical assessment)*

Yes (tick-mark)	
No (tick-mark)	

17. Does your Institution have "Attendance Register for Staff and Teachers"? *(To be produce during physical assessment)*

Yes (tick-mark)	
No (tick-mark)	

## **Section 2: Financial Performance**

18. PAN No. and TAN No. of the Institute: *(Please attach photocopy of the PAN card and last IT return)*

PAN No.	
TAN No.	

19. Turnover of the Institute: *(Please attach Audited balance sheet of last 3 years & Bank details)*

Year	Turn-over (Rs.)

Name of the Institution:

Signature:

20. Average Turnover of the Institute last 3 year

<b>Average Turn-over in last 3 Years</b>	<b>Rs.</b>
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21. Does the Institute receive any grant from Govt. of India / State Government/ Union Territory or any other source? *(please attach details of the grants received in last 3 years)*

Year	Grant Received (Rs)

22. Revenue from paid module / courses *(Please add columns as per your needs)*

Course	Year	Revenue from the Course

### **Section 3: Training Methodology**

23. Does your Institution have "Trainees / Students Attendance Register and Placement Register"?  
*(To be produce during physical assessment)*

	Yes	No
<b>Students Attendance Register</b>		
<b>Students Placement Register / Record</b>		

24. Does your Institution conduct Career / Vocational Guidance Counseling before enrolling Students

	Yes	No
<b>Students Career Guidance Counseling</b>		

25. Does your Institute take Aptitude Test before enrolling students  
*(To be produced during physical assessment)*

	Yes	No
<b>Aptitude Test for Students</b>		

Name of the Institution:

Signature:

26. Does your Institute have on-line admission facility *(Please give details of the web-link)*

	Yes	No	Web-link
<b>On-line Admission Facility</b>			

27. Does your Institute have follow a policy of concessional fee for disadvantaged group / Minorities

	Yes	No
<b>Policy of Concessional Fee for disadvantaged Group / Minorities</b>		

<b>Number of Students (%age) belonging to disadvantage group / minorities in the Institute</b>	
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28. Does your Institution conduct Orientation programme for Trainees in the beginning of the training

	Yes	No
<b>Students Orientation Programme</b>		

29. Does your Institution have Time Table and Batch Time

*(To be produced during physical assessment)*

	Yes	No
Time-Table and Batch Time		

30. Does your Institution have “Mobilization Register” and “Mobilization Tools such as brochure, corporate movies, campaign, etc. *(To be produced during physical assessment)*

	Yes	No
Mobilization Register		
Mobilization tools (Institute Brochure)		
Mobilization tools (Institute Movie)		
Mobilization officer (to conduct awareness campaign)		

31. Details of the Teaching Process for the courses offered. Certify the existence of the aspects listed below and will have

*(to be physically produced to the affiliation assessors).*

Aspect	Yes/No	Remarks
Time table		
Delivery plan		

Name of the Institution:

Signature:

Monitoring and evaluation process of students – continuous assessments, tests, examination etc.		
Management of Student Evaluation Records		
Lab/workshop Exposure and its linkage to theoretical delivery		
Industry Visits		

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

Aspect	Yes/No	Remarks
Documentation process of training methodology		
Existence of training aides		

#### **Section 4: Infrastructure Requirement**

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

Aspect	Details	Remarks
Building Own/Rented/ On Lease		<i>Please attach rent / lease agreement / proof of ownership Please attach Electricity Bill</i>
Area of Institute Premises		<i>Please attach blue print / map of the premises</i>
Size of classrooms	..... Sq ft per class room	<i>Please attach blue print / map of the premises</i>
Number of classrooms		<i>Please attach blue print / map of the premises</i>
Size of Labs		<i>Please attach a list of equipment available in the lab</i>
Safe drinking water (Yes/No)		
Power backup (Yes/No)		
Separate toilet for Boys and Girls (yes / no)		
Provision of transport facility, if applicable (Yes / No)		
Common Room Arrangement (Yes/ No)		

34. Details on Health and Safety of the learners / Facilities. Certify the existence of the aspects listed below. *(To be produced during physical assessment)*

Aspect	Yes	No
Staff training on crisis handling		
Availability of equipment required for covering indoor and outdoor emergencies		

Name of the Institution:

Signature:



Documented process on providing training on the equipment on indoor and outdoor emergencies		
Availability of equipment required for fire safety		
Documented process on providing training on the fire safety equipment		
Compliance to the regulatory norms related to health and sanitary conditions		

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

Aspect	Yes	No
Are the classroom illumination levels sufficient		
Are the classroom ventilated enough		
Do the classroom and rest of the centre maintain the required cleanliness		
Do the classroom and rest of the centre weather protected		

36. Library details

a. Total number of Books related to the trade:

Technical: \_\_\_\_\_

Non-Technical: \_\_\_\_\_

Total: -----

b. Number of Magazine: \_\_\_\_\_

c. Number of Dailies (newspapers): \_\_\_\_\_

37. Details of the Teaching Staff as per Job-roles covered ***(Please attach CVs & Appointment Letters)***

Name	Designation	Education Qualification	Training Certificate	Industry Experience	Instruction Experience	Regular / Visiting	Job-roles covered by the Teaching Staff

38. Administrative Support Staff

Staff	Permanent	Temporary/part time	Total
Office Manager			

Name of the Institution:

Signature:

Office Staff			
Lab Attendants			
Accountant			
Support Staff			
Others			

### **Section 5: Performance Improvement Methodology**

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

Aspect	Yes/No	Remarks
Documentation process of Continuous Evaluation		
Documented Process on Student Monitoring on Learning		

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

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

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

Aspect	Yes/No	Remarks
Documentation process of imparting soft skills training		
Documented process of providing guidance to students on placements		
Documented process on OJT / Placement facilitation		

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

Aspect	Details	Remarks
Documented process of trade learning progress		
Documented processes of workshop upkeep and modernization		

Name of the Institution:

Signature:

Documented process on tracking health and safety incidences		
Documented process on gathering feedback of placed students with the employers		
Documented process of tracking trends in employability and placement record		

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

Aspect	Details	Remarks
Documented process of taking student feedback on Curriculum		
Documented processes of taking student attendance		
Documented process on tracking student dropouts		
Documented process on tracking student performance on tests		
Documented process of tracking teacher attendance		
Documented process of tracking placement patterns		

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

Aspect	Details	Remarks
Documented process of conduction of Management Review Meetings (MRM)		
Documented processes of taking actions on the basis of MRM		
Documented process on tracking Faculty Review		
Documented process on tracking training needs of the faculty by the management		
Documented process of tracking student complaints and redress of the same		
Documented process of analysis of student feedback		
Documented process of analysis of results in skills assessment		

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

Aspect	Details	Remarks
Documented process on Information Sharing on complaints with all stakeholders		
Documented processes of acknowledgement of receipt of complaint		

Name of the Institution:

Signature:

Documented process on investigation of the complaint		
Documented process on tracking training needs of the faculty by the management		
Documented process of tracking student complaints and redress of the same		
Documented process of investigating the student complaints		
Documented process of closure of the student complaint		
Documented process of keeping record of student complaint		

#### 46. Other Relevant Information (Performance Review)

##### a. Overall

S. No	Performance Criteria	Unit of Measurement	2012-13	2011-12	2010-11	Remarks
	Utilization of Students seating capacity	%				
	Retention Rate students admitted	%				
	Students / Teaching Staff	Ratio				
	Students on Completion got jobs	%				
	Students on completion expressing satisfaction on quality of training	%				
	Total yearly expenditure / initial budget sanctioned					
	Teachers expressing satisfaction on all round	%				

##### b. Trade wise ( existing Scenario )

S. No.	Course Name	Duration	No. of batch/ year	Students in each batch	No. of trainees appeared for Exam	No. of trainees certified	No. of trainees placed	Remarks

Name of the Institution:

Signature:

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**Section 6: Placement Methodology:**

47. Placement MoU with companies/hospitals/nursing homes/labs/clinics: available/not available  
 (If available copy to be enclosed).

48. Average placement record of last three years

S. No.	Year	Number of placement	Remarks

Name: \_\_\_\_\_

Signature with stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

<b>List of Enclosures</b>		
<b>S. No.</b>	<b>Enclosures</b>	<b>Attached</b>
1	List of Branches	Yes / No
2	PAN and IT Return	Yes / No
3	Audited Balance Sheet - last <b>3 years</b>	Yes / No
4	Registration Certificate of Trust/ Society	Yes / No
5	Copy of Recognition Certificate	Yes / No
6	Copy of Affiliation Certificate	Yes / No
7	Building Approval Document	Yes / No
8	Staff Particulars	Yes / No
9	Training detail of Staff	Yes / No
10	Drinking Water	Yes / No
11	Health and Sanitary Conditions	Yes / No
12	Fire Safety	Yes / No
13	Bus Service details	Yes / No
14	Details of Grants received in last 3 years	Yes / No
15	Detail of Assessment procedure	Yes / No
16	A List of trainees trade-wise in excel sheet passed out in last 3 years along with application form.	Yes / No
17	Profile of the Promoters	Yes / No
18	Profile of the Management Team / Trainers / Teachers / Operation Head and Affiliation Coordinator (along with copies of the appointment letters wherever applicable)	Yes / No
19	Operational Manual along with HR Policy and Recruitment Guidelines	Yes / No
20	Courses Run in Paid Module and Revenue from those courses in the last year	Yes / No
21	A copy of the Curriculum	Yes / No
22	Internship Facility / Plan	Yes / No
23	Trainees Mobilization Strategy	Yes / No
24	CV of Trainers per job role (atleast 1 regular as per HSSC qualification standards)	Yes / No
25	Rent/Lease Agreement	Yes / No

Name of the Institution:

Signature:

Name of the Institution:

Signature: