

**EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF
TRAINING PARTNERS/ TRAINING CENTRES FOR VARIOUS SCHEMES IN MAHARASHTRA
WITH HEALTHCARE SECTOR SKILL COUNCIL (HSSC), NEW DELHI**

The Healthcare Sector Skill Council (HSSC) is inviting Expression of Interest (EOI) from eligible and experienced training partners/ training centres for empanelment to implement various skill development schemes across the districts of Maharashtra. This initiative aims to enhance the employability of individuals in the healthcare sector through high-quality training programs.

1. Eligibility Criteria:

Training partners/ Training centres must meet the following criteria to be considered for empanelment and are requested to submit the following information in hard copies along with the covering letter as per **Annexure A**.

S. No.	Pre- Qualification Criteria	Means of Verification
i.	Has the TC/TP registered and has valid GST/ PAN No.?	Certificate of incorporation letter and GST Letter/ PAN Card to be attached
ii.	<p>Eligibility Criteria for TP/TC by Category</p> <p>Category 1</p> <ul style="list-style-type: none"> • TC/TP has Trained or is Currently Training More than 5,000 Candidates under MSSDS (SSC Model) in the Last 3 Years and working with at least 3 SSCs. • The TP/TC must have achieved a combined turnover of ₹5 Crore or more over the past 3 years. • The TP/TC must have at least 25 certified trainers. <p>Category 2</p> <ul style="list-style-type: none"> • TP/TC has not trained any candidate under MSSDS (SSC Model) but trained more than 5000 candidates in other central/state funded scheme in last 3 years • The TP/TC must have achieved a combined turnover of ₹5 Crore or more over the past 3 years. • The TP/TC must have at least 25 certified trainers. 	<p>Category 1</p> <ul style="list-style-type: none"> • Details of trainings to be provided as per Annexure- B along with Copy of Work Order/ Sanction letter/ work allocation issued by any SSC. • Audited account statements of the TC/TP. • TOT Certificates of Trainers including details as per Annexure C <p>Category 2</p> <ul style="list-style-type: none"> • Details of trainings to be provided as per Annexure- B along with Copy of Work Order/ Sanction letter/ work allocation issued by any SSC • Audited account statements of the TC/TP. • TOT Certificates of Trainers including details as per Annexure C
	<p>Category3</p> <ul style="list-style-type: none"> • TP/TC is a startup and has no 	<p>Category 3</p> <ul style="list-style-type: none"> • For startup TPs/TCs, the

	<p>experience of skill development training programs</p> <ul style="list-style-type: none"> The Company must have achieved a combined turnover of ₹50 Lacs or more over the past 3 years. 	<p>Annexures B, C are exempted.</p> <ul style="list-style-type: none"> Audited account statements of the Company.
iii.	Whether the Centre has Industry Tie- ups?	Valid Lol / tie up letter for placement in STT and Industry declaration
iv.	Self-Declaration of Non- Blacklisting	As per Annexure- D
v.	Training Centre Capacity	As per Annexure - E

*The TCs should be mandatorily accredited/affiliated with HSSC on SIDH for specific Job Role for which allocation is done under this EOI before the commencement of training & will only deploy HSSC certified trainers.

2. Proposal Submission Timelines:

The deadline for submitting the proposals in hard copy format is 15th October 2024, by 1200 hours. No further submission shall be entertained post 15th October 2024, 1200 hours.

3. Proposal Submission Details:

We request to submit the aforementioned documents and information according to the specified criteria to the below address:

Healthcare Sector Skill Council

520-521, 5th Floor, DLF Tower 'A', Jasola District Center,
New Delhi- 110025

4. Disclaimer:

- All information contained in this document are of good interest and faith. This is not an agreement and is not an offer or invitation to enter into an agreement of any kind with any party. The final decision regarding the award of contracts by HSSC is absolute and cannot be challenged or questioned.
- **Submission of a proposal under this EOI does not guarantee the allocation of targets under any scheme in Maharashtra.** Therefore, this EOI does not encourage the creation of new training infrastructure. We look forward to your participation in this initiative to advance healthcare skills in Maharashtra.

Annexure - A

Covering Letter (On Organization's Letter Head)

Date: [Insert Date]

To,
The Healthcare Sector Skill Council,
New Delhi, India

Subject: Submission of Proposal for Empanelment as Training Partner/ Training Centre for various schemes in Maharashtra with HSSC

Dear Sir,

We are pleased to submit our proposal in response to the Expression of Interest (EOI) issued by the Healthcare Sector Skill Council (HSSC) for empanelment of Training Partners/Training Centres to implement various skill development schemes across the districts of Maharashtra.

In compliance with the EOI, we have enclosed the following documents and information for your consideration as per Category (1/2/3).

Information	Attached (Yes/No)
1. Certificate of Incorporation and GST/PAN Card.	
2. Audited Account Statements (Average Annual Turnover) <ul style="list-style-type: none">• 2021-2022• 2022-2023• 2023-2024	
3. Accreditation Certificate of other SSC's	
4. Total number of Training Conducted (attached Annexure - B (Details of Trained Candidates by TP/TC under any Maharashtra State Scheme))	
5. Valid Letter of Intent (LoI) or Tie-Up Letter for Placement of trainees (equal to the training numbers requested for allocation)	
6. Copies of Work Orders or Sanction Letters from other Sector Skill Councils	

7. Annexure - C (Details of Trainers)	
8. Annexure - D (Self Declaration)	
9. Annexure - E (Trainer Centre Capacity & allocation requested)	

We have adhered to the specified criteria and deadlines outlined in the EOI document. The proposal is submitted in hard copy format as requested, and we understand that the submission of this proposal does not guarantee the allocation of targets or creation of new training infrastructure. We fully understand and agree that if, upon verification, any information provided in this submission is found to be misleading, we may be disqualified from the EOI selection process or face termination of the contract during the project.

We hereby agree to get our TCs mandatorily accredited/affiliated with HSSC on SIDH for specific Job Role for which allocation is done under this EOI before the commencement of training & will only deploy HSSC certified trainers.

Thank you for considering our proposal. We look forward to the opportunity to contribute to the advancement of skills development in Maharashtra's Healthcare industry.

Sincerely,

[Authorized Signatory Signature]

[Authorized Signatory Name with Designation]

Annexure- B

Format for Details of Trained Candidates by TP/TC under any Maharashtra State Scheme

- Please indicate the category that your TP/TC falls under as per Point 1 (ii):

FY	Scheme	SSC Name	Total Number of Trained Candidates	QP Name on which the Candidate has been trained

*These details must be supported with sanction order provided by the respective SSC.

Annexure - D

Self-Declaration that organization is not involved in any corrupt practices and has not been blacklisted by Central/ State Agencies (on organization's letter head)

Date: [Insert Date]

To,
The Healthcare Sector Skill Council,
520-521, 5th Floor, DLF Tower 'A',
Jasola District Center, New Delhi- 110025

Subject: Self-Declaration of Non-Corrupt Practices and Non-Blacklisting

Dear Sir,

In response to the Expression of Interest (EOI) for the empanelment of Training Partners for various schemes in Maharashtra with HSSC, We, [Organization Name], hereby declare that:

Our company/organization is not blacklisted and has not been declared ineligible for reasons other than corrupt and fraudulent practices by any State/Central Government, PSU, or Autonomous Body as of the date of submission of this EOI.

We confirm that the above statements are true and accurate to the best of our knowledge. We understand that any false statement or misrepresentation in this declaration may result in our disqualification from the EOI selection process or termination of any subsequent contract.

Thank you for considering our declaration.

Sincerely,

[Authorized Signatory Signature]
[Authorized Signatory Name with Designation]

