
EXPRESSION OF INTEREST For Design, Develop And Execute Skill And Vocational Training Programmes In Surasaniyanam, Kakinada, East Godavari District, Andhra Pradesh

Cairn Foundation, a not for profit organization registered under the Haryana Registration and Regulation of Society Act 2012, is committed to empower local communities in its area of operations, and outside and support them for their suitable and inclusive growth and development, is seeking an Expression of Interest (EOI) under Competitive Bidding Process (CB) from experienced NGOs, For-Profit Organizations, Charitable organizations, Trusts, or other development organizations with proven capabilities and demonstrated performance in skill development to express their interest to participate in competitive bidding process for following –

- To assess the skill development gaps and opportunities by conducting a baseline/ situational assessment in & around Surasaniyanam and its adjoining areas in Kakinada, East Godavari district in Andhra Pradesh.
- Basis the outcome of the assessment, Design Develop & Execute vocational/ skill training programs, to link rural youth, women and differently abled community members to livelihood/ economic empowerment opportunities.

The project will focus its efforts to compliment and strengthen government's efforts to actualize the goals of National Skill Development Mission by providing skilling, economic empowerment and employment opportunities to the youth in the state.

The interested parties should express the interest to participate by clicking on the “Evince Interest” link against the EOI listing on the Cairn website i.e. <http://www.cairnindia.com> and submit their contact details online. Interested parties will be invited to submit their response via Smart Source (Cairn's e – sourcing platform) within 10 days from this publication.

FINANCIAL CRITERION (Go/No Go Criteria: For- Profit Organization/ Training Centres/ Academic)

- Net Worth– Positive Net Worth in each of the immediately preceding two financial years.
- Turnover – Turnover in each of the immediately preceding two financial years should be equal to or more than the estimated average annual contract value. In case of tenders for a duration less than a year, Turnover in each of the immediately preceding two financial years should be equal to or more than the estimate contract value.
- Liquidity– Liquidity ratio in each of the preceding two financial years shall not be less than 1.0

FINANCIAL AND TECHNICAL CRITERION (Go/No Go Criteria: For Not -For- Profit Organization)

- The agency can be an organization/ institution registered under Societies Registration Act 1860, Trusteeship Act, and Section 8 Companies Act 2013. The organizations / institutions must be registered under section 12A / 80G of Income Tax Act. Registration on Darpan Portal of NITI Aayog will be an added advantage.
- Track record of having experience in conducting/ providing skill development and entrepreneurship services for minimum period of 3 years.

-
- Applicant agencies should not have been blacklisted by any donor agency/ state government/ central government.
 - The applicant agency should have no statutory dues at the time of application.
 - The applicant agency should have a good placement track record – minimum of 70% employment (wage and self) of successful certified candidates post training over last three years.
 - The applicant agency should have trained a minimum of 1000 trainees in FY 2018-19 and minimum of cumulative 2500 trainees in preceding 3 financial years.
 - The applicant agency should have a minimum of 20 empanelled employers (existing engagement) and placement linkages (please attached evidence/ supporting's).
 - The applicant agency shall have presence in Andhra Pradesh, Telangana & adjoining area.

In view of the nature of the scope, only those agencies/ organizations possessing the following requisites should respond to this notice.

In addition, the agency is required to submit all the required documents including completed **Annexure 1, 2 and 3** attached herein.

Please note:

- Normally standalone financials of the bidding entity only will be considered. However, consolidated financials at the bidding entity level, if available, can also be submitted. Parent company or Affiliate's financials can be submitted and considered, subject to submission of Parent/ Affiliate company guarantee. This should be clearly mentioned in the EOI response.
- Evaluation will be done only based on the published annual reports / audited financials containing Auditor's report, Balance sheet, Profit & Loss a/c and Notes to Accounts.
- In case of unaudited statements (if there are no audit requirements for auditing of financials as per the local law), the financials shall be accompanied by a certificate from a Certified Accountant. Certificate should also mention the fact that there is no requirement of audit of the financials as per the local law.
- All qualifications and exceptions brought out in Auditor's report and Notes to Accounts would be factored in while undertaking financial evaluation.

The interested agencies should evince interest to participate in the Expression of Interest by clicking on the "**Evince Interest**" link for the corresponding EOI listing on the Cairn Oil & Gas website i.e. **<http://www.cairnindia.com>** and submit their contact details online.

Interested agencies will be invited to submit their response via Smart Source (Cairn's e- Sourcing Platform). The agencies will be requested, as a minimum, to submit the above documents and details for pre-qualification via Smart Source within ten (10) days of publication of this EOI.

Annexure:

- 1. Details of the Organization**
- 2. basic Information of Skills Programs implemented by the Agency**
- 3. Affidavit on Backlisting**

**TECHNICAL CRITERION
ANNEXURE 1
DETAILS OF THE ORGANISATION**

S. No	Particulars	Details
1.	Name of the Organisation	
2.	Company/ Partnership Firm/ Sole Proprietorship/ Society/ Trust/ NGO	
3.	Registered Address	
4.	Date of Incorporation (dd.mm.yyyy)	
5.	Applying as Single / Consortium	
6.	In case of consortium, mention details	
7.	Turnover in ➤ FY 2016-17 ➤ FY 2017-18 ➤ FY 2018-19 (with Annual Report & CA certified Balance Sheet)	
8.	Nature of business	
9.	No. of employees on payroll	
10.	Name of Single Point of Contact (SPOC) of the Lead partner.	
	Address of SPOC	
	Phone and Mobile Nos. of SPOC	
	E-Mail id of SPOC	
11.	Address for Correspondence	
12.	Presence in Andhra Pradesh (Yes/No)	
13.	Address in Andhra Pradesh (If any)	
Organisation Credentials	<ul style="list-style-type: none"> • About the organisation • Vision / Mission • Past record / Areas of operation • Staff Strength (on rolls/ off rolls) • Organogram (with academic and experience details of person directly involved in skill domain - mandatory) • Expansion / Sustainability plans • Sectors focussed on • Details of Services Offered & Operations/ Project Area Coverage • Physical Address (Is it the same as the Registered Office & MoA) • Website 	
Certifications	<p>Type of Organisation</p> <ul style="list-style-type: none"> • Registration / Incorporation details • <u>s.12 A (under Income Tax Act)</u> • <u>s.80 G (under Income Tax Act) .</u> • FCRA Registration (if applicable) 	

	<ul style="list-style-type: none"> • PF / ESI applicability-Registration • JJ Act – Registration-if applicable • Memorandum of Association / Bye Laws / Trust Deed etc. • Self-certified declarations <ol style="list-style-type: none"> 1. Confirm whether there are any proceeding against the Organisation against any of the above 2. Political affiliation 3. Others
Income Tax	<ul style="list-style-type: none"> • Last three (3) years ITRs with Form 10B • Assessment Orders, if any passed (latest) • PAN • TAN
FCRA <i>(If applicable)</i>	<p><u>If registered under FCRA</u></p> <ul style="list-style-type: none"> • Last FCRA Return filed (Form FC-4) • FC-3 (Registration / Renewal / Prior Permission)
The Board	<p><i>List of both (with personal details)</i></p> <ol style="list-style-type: none"> 1. General Body 2. Governing Body / Executive Council <ul style="list-style-type: none"> ➤ Designation ➤ PAN Card ➤ Occupation ➤ Govt. Association, if any ➤ Confirm whether Board Members same as General Body Members? ➤ Since when associated with the Organisation ➤ Relationship, if any, with any other Board Member, CEO or any one at the higher up in the chain of authority within the organisation ➤ Is the board member enjoying any financial benefit from the Organisation in any other capacity
Financial Robustness	<ul style="list-style-type: none"> • Accounting System – computerised / manual • Financial Accounting package being used • Does the organisation use Budget based / Cost Centre based accounting • How are salaries disbursed? • Cash disbursement limits / thresholds • Procurements – main thresholds • Confirm whether financials are disseminated through publications or on web-site. <p><u>In general (in view of MoU, if entered)</u></p> <ul style="list-style-type: none"> • Where will the project accounts be maintained? • Where will the records be maintained for anytime access? • Where will the UCs be generated? • Internal Audit Systems to be in place-will it be parental based or project based? • How will project salaries be disbursed? • Sanctioning / approval systems to be adopted

	<ul style="list-style-type: none"> • Funding / expenditure process <ul style="list-style-type: none"> - <i>Project based procurement systems-funding, expenses approval, actual stocking, field distributions etc.</i> - <i>Signing authorities at project locations</i>
<p><i>Mechanisms / Internal Controls</i></p>	<ul style="list-style-type: none"> • Statutory Auditor • Internal Audit Systems in place, if any • Details of Auditors • Are Reports shared with Donors /Grant givers • Assets / Stocks Records maintained

**ANNEXURE 2
BASIC INFORMATION ON SKILLS PROGRAMS IMPLEMENTED BY THE AGENCY**

Sl. No	Particulars	Details					
1.	Experience in Skills (Attach the Supporting)	Experience in Skills program_____ (Nos of Years) *To provide at least 1 work orders/MOU for every year of skill program preferably in partnership with Govt. **A consolidated table with details of MoU to be developed and added as a cover page for the hardcopies.					
2.	Turnover / Financial (in INR CRs) (Certified financial statements are required)		2016-17	2017-18	2018-19	Total	
	Annual Turnover						
	Fund received for skills intervention						
3.	Ratio of Placement to Pass out (*Placement is minimum of 3 months of job) (Provide copy of offer letters of the employers for all placed candidates and undertaking letter from agency with list of students passed out)		2016-17	2017-18	2018-19	Target FY 2019-20	Total
	Enrolled (numbers)						
	Pass out (numbers)						
	Placement (numbers)						
	Undergoing (numbers)						
	Dropout (numbers)						
	Percentage of Placement to Pass out						

		Percentage of Dropout to Enrolment					

4. Collaborations/ Partnerships/ Funding/ Pass out (Please add rows if required) (* MOUs/Work order to be attached)	S N	Schem e/Prog ram	Fund ing Agen cy	MOU No/ Contra ct No/ other details*	Doc Na me*	Distric t of imple menta tion	State	2017-18		2018-19		2019-20		Total (Nos)		
								No of Train ees Pass out (Nos)	Funds (IN R)	No of Train ees Pass out (Nos)	Funds (IN R)	No of Train ees Pass out (Nos)	Un der goi ng	Funds (IN R)	No of Train ees Pass out (Nos)	Funds (IN R)
	1.				D 4.1											
	2.				D 4.2											
	3.				D 4.3											
	4.				D 4.4											
	5.				D 4.5											
	6.				D 4.6											
	Total															

<p>5. Affiliations with Funding (state or non-state)/ Certifying Agencies</p> <p>(Please add rows if required) (To provide supporting of all affiliations and target approved by govt. or private / corporates for Andhra Pradesh)</p>	SN	Name of the Funding/Certifying agency	Name of Course/ Certificate/ Degree/ Diploma	Doc Name*	State	2016-17 Pass out	2017-18 Pass out	2018-19 Pass out	2019-20 Undergoing	Target approved by the organization in FY 2019-20
	1.			D 5.1						
	2.			D 5.2						
	3.			D 5.3						
	4.			D 5.4						
	5.			D 5.5						
	Total									

<p>6. List of Associated Employers (*Placement is minimum of 3 months of job) (To provide agreement with different employers (min. 10) - more the better) (Please add rows if required)</p>	SN.	Name of the Employer	Average Salary	Doc Name*	State	2016-17 No of Trainees Placement	2017-18 No of Trainees Placement	2018-19 No of Trainees Placement	Total
	1.			D 6.1					
	2.			D 6.2					
	3.			D 6.3					
	4.			D 6.4					
	5.			D 6.5					
	Total								

7.	Registration with Sectors Skill Council (Please add rows if required) (more the better) (To provide copy of all Reg. certifications or other related documents)	<table border="1"> <thead> <tr> <th>SN</th> <th>Sector Skill Council</th> <th>Document No</th> <th colspan="11">MOU No/ Contract No/ other details*</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td>D 7.1</td> <td colspan="11"></td> </tr> <tr> <td>2)</td> <td></td> <td>D 7.2</td> <td colspan="11"></td> </tr> <tr> <td>3)</td> <td></td> <td>D 7.3</td> <td colspan="11"></td> </tr> <tr> <td>4)</td> <td></td> <td>D 7.4</td> <td colspan="11"></td> </tr> <tr> <td>5)</td> <td></td> <td>D 7.5</td> <td colspan="11"></td> </tr> <tr> <td>6)</td> <td></td> <td>D 7.6</td> <td colspan="11"></td> </tr> </tbody> </table>														SN	Sector Skill Council	Document No	MOU No/ Contract No/ other details*											1)		D 7.1												2)		D 7.2												3)		D 7.3												4)		D 7.4												5)		D 7.5												6)		D 7.6											
		SN	Sector Skill Council	Document No	MOU No/ Contract No/ other details*																																																																																																												
		1)		D 7.1																																																																																																													
		2)		D 7.2																																																																																																													
		3)		D 7.3																																																																																																													
		4)		D 7.4																																																																																																													
		5)		D 7.5																																																																																																													
6)		D 7.6																																																																																																															
8.	Experience in providing training to differently abled people (DAP) (Please add rows if required) (* MOUs/Work order to be attached)	S	Funder Name	MOU No/ Contract No/ other details*	Doc Name *	District of implementation	State	2017-18		2018-19		2019-20			Total (Nos)																																																																																																		
								No of DAP Pass out (Nos)	Funds (INR)	No of DAP Pass out (Nos)	Funds (INR)	No of DAP Pass out (Nos)	Under going	Funds (INR)	No of DAP Pass out (Nos)	Funds (INR)																																																																																																	
		1.			D 8.1																																																																																																												
		2.			D 8.2																																																																																																												
		3.			D 8.3																																																																																																												
		4.			D 8.4																																																																																																												
		5.			D 8.5																																																																																																												

		6.		D 8.6										
		Total												

- 9. Assessment will be done basis of the complete set of documents and supporting's provided. In complete applications will not be entertained.
- 10. Organogram of the agency - with academic and experience details of person directly involved in skill domain - mandatory.
- 11. Third Impact assessment reports to be attached - minimum 2 reports are mandatory.

ANNEXURE 3
Affidavit – Blacklisting

An affidavit on a non-judicial stamp paper of INR 100/- by Applicant Agency's Authorized Representative with his/her dated Sign and Seal

We,name of applicant, having its registered office at do hereby declare that our organization has not been blacklisted/debarred by any donor agency/State Government/Central Government authority/ or any other agency for breach on our part since 1st of January 2014.

For and on behalf of:

Signature:

Name:

Designation:

(Authorized Representative and Signatory)

Date:

Place: