

**Template for submission of proposal
under
Pradhan Mantri Virasat Ka Samvardhan (PM
VIKAS) Scheme
of
Ministry of Minority Affairs**

(To be submitted along with all supporting documents)

Submitted by: <Full Name of the Institution/ Organisation/ Body>

Date of Submission: <DD/MM/YYYY>

Contact Information:<SPOC Name/ Contact No./Email>

I. Proposal Overview

A. BACKGROUND OF THE INSTITUTION/ ORGANIZATION:

<<Provide background of the institution/ organization, its linkages with minority groups and fitment to implement the project>>

B. BRIEF OVERVIEW/ RATIONALE OF THE PROPOSED PROJECT:

<<Justification for the proposed project and its significance>>

C. PROJECT PROPOSED FOR PM VIKAS COMPONENTS:

Name of the Component under PM VIKAS	Yes / No	Component-wise proposed no. of beneficiaries
Traditional Skills		
Non-Traditional Skills		
Leadership and Entrepreneurship		
Education		

D. EXPECTED OUTCOMES

<<Elaborate the outcomes expected from implementation of the proposed project and the strategy to achieve them>>

E. PROJECT TIMELINES:

Duration (in Months)	Start Date	End Date

F. ACTIVITY WISE AND MONTHLY ACTION PLAN:

[illegible]

G. PROJECT FINANCIALS:

S. No	Sub-components	Total Target	Unit Cost (in Rs.)	Amount (Rs.)
1	Traditional Skills			
2	Non-Traditional Skills			
3	Leadership and Entrepreneurship			
4	Education			
	Total			

II. Eligibility Mapping and Institution Details

A. ELIGIBILITY AS PER PM VIKAS GUIDELINES:

1. General eligibility criteria

S No.	Criteria	Description
1.	Type of Project Implementing Agency	<i><Select one></i> <ul style="list-style-type: none"> ○ <i>Minority Community Institution</i> ○ <i>Industry and/or institutions with industry connect</i> ○ <i>Central and State Government Institution (including central PSUs).</i> ○ <i>Central University.</i> ○ <i>Institution of national importance</i>
2.	Whether incorporated 3 years prior to date of submission of proposal?	<i><Yes or No></i> <i>< If yes, provide documentary evidence ></i>
3.	Date of Incorporation	<i><DD/MM/YYYY></i>
4.	Whether registered on NITI Aayog's NGO Darpan Portal?	<i><Yes or No></i> <i>< If yes, provide documentary evidence ></i>
5.	NITI Aayog NGO Darpan Portal ID	<i>< NGO Darpan Portal ID ></i>
6.	Details of experience in conducting skilling/ training/ education support/ entrepreneurship development programs at grass root level, with experience for minority communities	<i>< Years of experience and details of such projects undertaken along with target groups (Annexure 1)></i>
7.	Whether blacklisted by MoMA or any other central / state government department/ Ministry?	<i>< Yes or No ></i> <i><If yes, provide details></i> <i>< If no, provide undertaking (Annexure 2)></i>

8.	Details of Past Projects implemented under MoMA, if any.	<i>< Provide brief details (Annexure 1)></i>
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Kindly enclose the documentary evidence of the contents mentioned in the above table with this proposal.

2. SPECIFIC ELIGIBILITY CRITERIA AS PER TYPE OF INSTITUTION:

i) To be filled by Minority Community Institutions (MCIs)

S No.	Criteria	Description
1.	Whether proposal is endorsed/ recommended by National Commission for Minorities?	<i>< Yes or No > < If yes, provide recommendation letter ></i>
2.	Whether established by an Act of Parliament/ State legislature; or administered by minority community (as notified under the NCM Act 1992)?	<i>< Yes or No > < If yes, provide documentary evidence ></i>
3.	Whether your institution has worked with youth/ children in skill training and/or education?	<i>< Yes or No > < If yes, provide documentary evidence (Annexure 1) ></i>
4.	Details of sufficient physical infrastructure and softskills for providing skill training and/or education.	
5.	Whether average annual turnover is at least Rs.5 Crores in the last five financial years? (Not applicable to institutions est. by Act of Parliament/ State legislature)	<i>< Yes or No > < If yes, provide documentary evidence ></i>

ii) To be filled by Industry and/or institutions with industry connect

S No.	Criteria	Description
1.	Whether proposal is endorsed/ recommended by State Govt.?	< Yes or No > < If yes, provide recommendation letter >
2.	Details of established connect with industries (representing at least 50+ industries with minimum 1,000 employees per industry)	< Yes or No with brief details > < If yes, provide documentary evidence >
3.	Is there a track record in skilling/ education support programs/ entrepreneurship training covering at least 5,000 beneficiaries in the last 5 years.	< Yes or No with brief details > < If yes, provide documentary evidence (Annexure 1) >
4.	Whether average annual turnover is at least Rs.10 crore in the last 05 financial years, with positive net worth in the last financial year i.e. FY 2023-24?	< Yes or No > < If yes, provide documentary evidence >

iii) To be filled by Central & State Government institutions (including central PSUs); Central Universities and/or Institutions of national importance

S No.	Criteria	Description
1.	Whether proposal is endorsed/ recommended by State Govt.? (Applicable only for State Govt. Institutions)	< Yes or No > < If yes, provide recommendation letter >
2.	Details of track record of implementing skilling/education / entrepreneurship training, along with experience of working with minority communities	< Yes or No > < If yes, provide documentary evidence (Annexure) >
3.	Details of sufficient physical infrastructure and softskills for providing skill training and/or education.	< Yes or No > < If yes, provide documentary evidence >

B. DETAILS OF THE ORGANIZATION:

S No.	Contents	Description
1.	PAN of the agency	
2.	TAN of the agency	
3.	NGO Darpan ID	
4.	Act under which the agency is registered	
5.	State in which the agency is registered	
6.	Website of the agency, if any	
7.	Address of the agency	
8.	PIN code	
9.	Phone number	
10.	Email ID	

C. DETAILS OF THE DESIGNATED SPOC FOR THE PROJECT:

S.No.	Contents	Description
1.	Name	
2.	Designation	
4.	Address	
5.	Phone number	
6.	Email ID	

D. PRESENT CAPACITY OF THE ORGANISATION:

i. Is your institution/ organization accredited by the following?

S No.	Agency	Yes/ No
1.	National Institute of Open Schooling	
2.	National Skill Development Corporation	

ii. **Details of the NSDC accredited classrooms along with capacity in case of non-traditional skilling.**

<<Please provide job role-wise information in the below table>>

S. No	Details Required	Description
1	Name of the Training Centre	
2	Address (with PIN code)	
3	Contact details (Phone number, Email)	
4	Courses Offered	
5	Total intake capacity	

iii. **Details of the master trainer in case of traditional skilling.**

S No.	Master Trainer Details	Description
1	Name	
2	Qualification	
3	Experience	
4	Specialization	
5	Training Certifications	
6	Affiliation	
7	Contact Information	

iv. **Details of NIOS affiliated centers or schools of the organization in case of education component.**

S.No	Institution Details	Description
1	Name of the centers or schools	<< please provide >>
2	NIOS ID	<< please provide >>
3	Type of centers or schools	<< please provide >>
4	Address	<< please provide >>
5	Contact Person	<< please provide >>
6	Contact Number	<< please provide >>
7	Email ID	<< please provide >>
8	Website (if any)	<< please provide >>
11	Total Intake capacity (Grade-wise)	<< please provide >>
12	NIOS Accreditation Certificate	<< please enclose >>

III. Proposal Details

A. IMPLEMENTATION OF PROPOSED COMPONENTS AT A GLANCE

PM VIKAS Components	Proposed Target	Female %	Duration (in Months)
Non-Traditional Skills			
Traditional Skills			
Leadership and Entrepreneurship			
Education			

B. COMPONENT WISE DETAILS OF THE PROPOSED PROJECT

<< Provide details only for components being proposed>>

a. Non-Traditional Skills

Name of the Sub-Component	For Non-Traditional Skills
State in which training is being proposed	
No. of job roles in which training is being proposed	
Project Duration	
Project target	
Nature of training (Residential/Non-Residential/Partially Residential)	

1. Geography-wise Target:

i. Proposed State-wise Target:

S No.	Name of State	Target (No. of candidates)
1.		
2.		
Total		

<< Please provide district-wise details, if available>>

2. Proposed location of training center:

S No.	State	District	Center Name	Residential/ Non-residential	No. of training centers	Target
1.						
Total						

3. Mobilization Strategy

<<Elaborate how candidates would be mobilized, so that project targets are achieved>>

4. Details on the Letter of Intent (Lols) received

<< Provide information of Institutional tie-ups for providing placements to the trained candidates >>

5. Letter of Intent/ Industry tie-ups

S No.	Company Name	Lols Received	Candidate Numbers	Corresponding Job Role
1.				
2.				
Total				

6. Financials

[illegible]

b. Traditional Skills

Name of the Sub-Component	For Traditional Skills
State in which training is being proposed	
No. of job roles in which training is being proposed	
Project Duration	
Project target	
Nature of training (Residential/Non-Residential/Partially Residential)	

1. Geography-wise Target:**ii. Proposed State wise Target:**

S No.	Name of State	Target (No. of candidates)
1.		
2.		
Total		

<< Please provide district-wise details, if available>>

2. Proposed location of training center:

S No.	State	District	Center Name	Residential/ Nonresidential	No. of training centers	Target
1.						
2.						
Total						

3. Mobilization Strategy

<<Elaborate how candidates would be mobilized, so that project targets are achieved>>

4. Details of Letter of Intent (Lols) received

<< Provide information of Institutional tie-ups for providing placements to the trained candidates >>

5. Letter of Intent/ Industry tie-ups

S No.	Company Name	Lols Received	Candidate Numbers	Corresponding Job Role
1.				
2.				
Total				

6. Financials

[illegible]

c. Leadership and Entrepreneurship

Name of the Sub-Component	For Leadership & Entrepreneurship
State in which training is being proposed	
No. of job roles in which training is being proposed	
Project Duration	
Project target	
Nature of training (Residential/Non-Residential/Partially Residential)	

1. Geography-wise Target:

i. Proposed State wise Target:

S No.	Name of State	Target (No. of candidates)
1.		
2.		
Total		

<< Please provide district-wise details, if available>>

2. Proposed location of training center:

S No.	State	District	Center Name	Residential/ Nonresidential	No. of training centers	Target
1.						
2.						
Total						

3. Mobilization Strategy

<<Elaborate how candidates would be mobilized, so that project targets are achieved>>

4. Details of Letter of Intent (Lols) received

<< Provide information of Institutional tie-ups for providing placements to the trained candidates >>

5. Letter of Intent/ Industry tie-ups

S No.	Company Name	Lols Received	Candidate Numbers	Corresponding Job Role
1.				
2.				
Total				

6. Financials

[illegible]

d. Education

Name of the Sub-Component	For Non-Traditional Skills
State in which training is being proposed	
No. of job roles in which training is being proposed	
Project Duration	
Project target	
Nature of training (Residential/Non-Residential/Partially Residential)	

1. Geography-wise Target:**i. Proposed State-wise Target:**

S No.	Name of State	Name of District	Target (No. of candidates)
1.			
2.			
Total			

<< Please provide district-wise details, if available>>

2. Proposed location of training center:

S No.	State	District	Center Name	Residential/ Nonresidential	No. of training centers	Target
1.						
2.						
Total						

3. Mobilization Strategy

<<Elaborate how candidates would be mobilized, so that project targets are achieved>>

4. Elaborate on Letter of Intents received

<< Provide information of Institutional tie-ups for providing placements to the trained candidates >>

5. Letter of Intents/ Industry tie-ups

S No.	Company Name	Lols Received	Candidate Numbers	Corresponding Job Role
1.				
2.				
Total				

6. Financials

[illegible]

Annexure 1

Format for project-wise experience conducting skilling/ training/ education support/ entrepreneurship development programs

Project Name:	
Approx. Value of the Contract:	
Country: Location within country:	Duration of Assignment:
Name of the client:	Total number of staff months:
Address of Client:	Completion Date (Month/ Year):
Description of Actual Services Provided	
Brief Description of main deliverables/outputs:	
Value Delivered:	

Annexure 2

<< *On letterhead of the Institution/ Organization*>>

Subject: Undertaking regarding non-blacklisting

[Place]

[Date: DD/MM/YYYY]

To,
Under Secretary (PM VIKAS)
Ministry of Minority Affairs
11th floor, Pt. Deendayal Antyodaya
Bhawan, CGO Complex,
New Delhi –110003

Dear Sir/ Madam,

<Institution/Organization Name> declares, warrants and represents that as on date of the submission of the proposal the applicant agency has neither been debarred and/ or blacklisted and/ or suspended by the Ministry of Minority Affairs (MoMA) or any Central/State Government Department/ Ministry nor has any litigation or enquiry pending with regards to the work executed by it.

Yours sincerely,

(Authorized Signatory)

[Sealed and stamped by the Institution/ Organization]