

## Expression of Interest Form

1. Course(s) Applied For		NSQF Affiliation Number of the institute
1.	Certificate course in IT-ITeS BPO, Soft Skills & Communicative English	
2.	Advance Diploma in Computer Application Accounting and Publishing	
3.	Certification Course in Data Entry and Office Automation	
4.	O level (IT)*	
5.	NIELIT Certified Web Developer	
6.	NIELIT Certified Multimedia Developer	
7.	NIELIT Certified IoT Engineer	
8.	NIELIT Certified IoT Technical Associate	
9.	Solar Power Installation, Operation and Maintenance	
10.	NIELIT Certified Artificial Intelligence Associate	
11.	Assembly & Maintenance of Personal Computer	
12.	NIELIT Certified Cloud Computing and Virtualization Expert	
<b>2. Category of the institute</b>		
a) Accredited from NIELIT		
b) NIELIT NSQF Training Partner		
c) DLC Facilitation Centre		
d) NIELIT ESDM Training Partner		
e) Others		
<b>3. Name of Institute</b>		
<b>4. Address of Institute</b>		
<b>5. Name of Authorized person</b>		
<b>6. Contact Number</b>	Landline:	Mobile:
<b>7. Email-id</b>		
<b>8. State</b>	District where Institute is located	
<b>9. PAN Number</b>		
<b>10. GST Number</b>		
<b>11. No. of students registered in any NIELIT NSQF course in the last 2 years at your institute</b>		
<b>Name of the NSQF Course</b>	<b>No. of Students registered</b>	<b>No. of Students Passed</b>
'O'-level		
Any other NSQF Course (attach separate Sheet if required)		
<b>12. Distance in Km. from Municipal body (Nagar Palika/Parishad etc.)</b>		

13. Date of Operations in Education field (particularly in IT & Electronics courses)(attach the documentary proof)	____/____/____	
14. Tie-up with industry and Previous placement records	Attach the report with documentary proof.	
<b>15. Availability of Hardware, Software and Faculty (attach the relevant documents)</b>		
i) Whether the Hardware is available as per the NSQF Guidelines.	<b>No</b>	<b>Yes</b>
ii) Whether the Software is available as per the NSQF Guidelines	<b>No</b>	<b>Yes</b>
(iii) Whether the Faculty is available as per the NSQF Guidelines	<b>No</b>	<b>Yes</b>
(iv) Whether the Supporting Faculty is available as per the NSQF Guidelines	<b>No</b>	<b>Yes</b>
<b>16. Training Facility Availability (attach the clear photographic evidence)</b>		
(i) Availability of Safe Drinking water	<b>No</b>	<b>Yes</b>
(ii) Availability of Separate Washroom for Men/Woman	<b>No</b>	<b>Yes</b>
(iii) Availability of Parking Facility	<b>No</b>	<b>Yes</b>
(iv) Availability of reliable Internet	<b>No</b>	<b>Yes</b>
(v) Availability of Printer & Scanner	<b>No</b>	<b>Yes</b>
(vi) Availability of Waiting Area/Room	<b>No</b>	<b>Yes</b>

## DECLARATION

- (i) I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ have read and understood the RULES/ GUIDELINES for conduction of NIELIT NSQF aligned courses Training for SC/ST/EWS (Women) candidates in the \_\_\_\_ district of Uttarakhand and agree to abide by the same.
- (ii) I certify that I am the competent authority, by virtue of the administrative and financial powers vested in me by \_\_\_\_ to furnish the above information and to undertake the above stated commitment on behalf of my /our institution.
- (iii) I am aware that in case any information given by me is false or misleading, the Institute would be debarred from the conduction of training programs and / or debarred besides being subjected to any other action that may be deemed fit by NIELIT Shimla.
- (iv) I agree to abide by the decisions of the NIELIT Shimla or its designated agencies in respect of my application for permission to conduct NIELIT NSQF aligned training for SC/ST/EWS (Women) candidates under the above scheme.

Date:

Signature of the authorized person

Name:

Designation:

Seal of the institute:

Format for covering letter  
(To be submitted on the Letter head of the applicant institution)

Dated: ...../...../.....

To,

**The Director**  
**NIELIT Shimla,**

**Ref.: EOI No. NIELIT/SML/2023/DHSL-EELTP-PROJECT/**

Subject: EoI for Empanelment of Training Institute(s) for conducting NSQF courses of NIELIT –reg.

Sir,

1. Having examined the EoI document, we, the undersigned, herewith submit our response to your EoI for Empanelment of Training Institutes for conducting training of NSQF aligned courses of NIELIT being implemented by NIELIT Shimla Centre in full conformity with the said EoI document.
2. We have read the provisions of the EoI document and confirm that these are acceptable to us. We further declare that additional conditions, variations, deviations, if any, found in our EoI shall not be given effect to.
3. We would like to declare that we are not involved in any litigation with any Government in India organization and we are not under a declaration of ineligibility for corrupt or fraudulent practices.
4. We hereby declare that all the information and statements made in this EoI are true and accept that any misrepresentation contained in it may lead to our disqualification.
5. We understood that NIELIT Centre is not bound to short-list / accept any proposal received in response to this EoI.
6. We understood that Empanelment with NIELIT Shimla Centre does not guarantee that every /any of the applicants shall be invited under EoI, or be awarded a project/assignment.

Our correspondence details / authorized person to deal with regard to this EoI is:

<b>Sr. No.</b>	<b>Information</b>	<b>Details</b>
<b>1</b>	Name of the Contact Person	
<b>2</b>	Designation and contact address of the person to whom all references shall be made regarding this EoI	
<b>3</b>	Telephone	
<b>4</b>	Mobile number of the Contact Person	
<b>5</b>	Email	
<b>6</b>	Corporate website URL	

We hereby declare that our proposal submitted in response to this EoI is made in good faith and the information contained is true and correct to the best of our knowledge and belief.

Sincerely,

Signature:

Encl: Duly filled Application form.

(Authorized person) Name & Title with seal