



HSSC ACCREDITED ASSESSING BODIES

APPLICATION FORM

Name of the organization : _____

A. Contact Details:

Name of the Director / Head of the organization : _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

Name of the Contact Person for Liasoning with HSSC: _____

Address: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

Website: _____

B. Legal Status of the organization (Please tick)

➤ Public Private Government

➤ Company Partnership Proprietorship Registered Society

➤ Academic Institute Industry Association

➤ Others (Please specify and attach necessary evidence) _____

➤ Date of the Registration / Incorporation : _____
(Attach copy of certificate of incorporation / registration)

C. Organizational Profile

➤ **Number of years of establishment :** _____

➤ **Number of Employees :** _____
(Attach appointment letters of the employees)

➤ **Annual Turnover of the organization:** _____
(Attach balance sheet and IT returns for the last 3 years and document showing income sources of the organization)

➤ **Organizational Structure :** Please attach organization structure showing roles and responsibility of key office bearers with background and other engagements of management/ partners/ Governing members.

➤ **List of Branches/Offices :**

It shows scope of Skill Assessment Activities:

S. No.	Name of Branch/ Office	Own/ Rented/ Tie Up	Type of assessment activities could be taken by the branch	If tie up, Healthcare/ non-Healthcare

(Attach supporting documents)

➤ **Prior Experience in Assessment :**

Assessment details of Trades / Job-roles in Healthcare*:

S. No.	Trade / Job-roles	No. of Trainees Assessed (cumulative)	Place of Assessment (indicative & not exhaustive)	Organization for whom the Assessment was done

(Attach supporting documents)



Assessment details of Trades / Job-roles in non-Healthcare:

S. No.	Sectors	No. of Trainees Assessed (cumulative)	Place of Assessment (indicative & not exhaustive)	Organization for whom the Assessment was done

(Attach supporting documents)

D. List of Trades / Job-Roles for which you are applying to be HSSC Assessing Body

S. No.	Name of the Trades / Job-roles (please select out of 25 Job-roles whose standards are available)	Geographical Preference Please indicate Zones (Pan-India / North / South / East / West / North East) as well as States

E. Please submit details of Assessors Empaneled (minimum 10 Assessors required per Job-role per zone)

S. No.	Name of the Trades / Job-roles (please select from Annexure 2 of Accreditation Protocol)	Name of the Assessors	Qualification & No. of years of Experience (as per Annexure 3 of Accreditation Protocol)	Geographical Preference (Indicate Region / State/ Zone of Preference)

(Attach resume / consent letter/declaration from assessors)



F. Payment Details

Please find enclosed herewith draft / Cheque no..... dated..... for Rs....., favouring Healthcare Sector Skill Council, towards Application Fee / Documentation Compliance / Train the Assessor Fee

G. Declaration

I attest that the above information is correct. I do understand that any incorrect information will result in suspension / cancellation of my organization’s accreditation with HSSC.

Signature: _____

Name : _____ Designation : _____

Organization : _____

Date ____/____/____

Annexure

Kindly ensure that the following documents are enclosed with your application.

List of Enclosures		
S. No.	Documents to be enclosed (in alliance to Annexures of Accreditation protocol)	Yes/No
1.	Filled up Application Form	
2.	Application fees	
3.	Copy of Legal Status of the Organization including certificate of registration/ incorporation	
4.	Pan Card	
5.	Annual report, Copies of Budget and IT Returns – all of the last three years	
6.	Experience Certificate in assessment activities of last 3 years in healthcare and last 5 years in non-healthcare	
7.	List of Addresses of Regd. Office and Branches with locations, showing scopes of skill assessment activities along with supporting documents (Rent/Lease Agreement or Ownership details/MoU/Tie ups)	
8.	Signed Resume of Assessors and Subject Matter Experts associated with Assessing Bodies	
9.	Declaration of Empanelled Assessors / Subject Matter Experts of their association with assessing bodies	
10.	Organizational Manual including the following details – a) Confidentiality Statement on company letter head b) Conflict of Interest Statement on company letter head c) Organizational structure with roles and responsibilities of positions briefly	

	<p>mentioned thereon</p> <p>d) Bylaws, Corporate Brochures with details of Governing Body, Mission and Vision etc.</p> <p>e) Income sources of Organization</p> <p>f) Background/other engagements of management/ partners/ governing members</p> <p>g) Appointment letters of employees and assessment co-ordinators</p>	
11.	Assessment framework and guidelines followed by assessing body	
12.	Details of policies & procedures with supporting documents & attachments	
13.	Presentation on Quality Assurance and operating strategy (covering points of Annexure 5)	
14.	Any additional documents (to fulfill requirements of Annexure 6)	