



BHARAT SEVAK SAMAJ
National Development Agency
Established in 1952 on the Recommendation of
Planning Commission Government of India

NATIONAL SKILLINDIA MISSION

SKILL BHAVAN, DIAMOND HILL, VELLAYAMBALAM, THIRUVANANTHAPURAM-695010
website : nationalskillindiamission.in Email: nationalskillindiamission@gmail.com
Phone : 0471 2721600, 2721400, 4014800

ACCREDITATION OF 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 Nsim: _____

Address: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

B. Legal Status of the organization (Please tick)

➤ Public ☐ Private ☐ Government ☐

➤ Company ☐ Partnership ☐ Proprietorship ☐ Registered Society ☐

➤ Academic Institute ☐ Industry Association ☐

➤ Others (Please specify and attached 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 :** _____
- **Annual Turnover of the organization:** _____
- **Organizational Structure :** Please attach organization structure showing roles and responsibility of key office bearers
- **Prior Experience in Assessment :**

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

[illegible]

E. **Please submit details of Assessors Empaneled** (minimum 3 Assessors required per Job-roles)

S. No.	Name of the Sectors / Job-roles	Name of the Assessors	Qualification	Geographical Preference (

**You are required to submit resume / consent letter from assessors on demand.*

F. **Payment Details**

Please find enclosed herewith draft / Cheque no..... dated..... for Rs....., favouring National Skill India Mission, 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 Nsim

Signature: _____ Designation : _____

Name : _____

Organization : _____

Date ____/____/____

Annexure

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

List of Enclosures		
S. No.	Documents to be enclosed	Yes/No
1.	Filled up Application Form	
2.	MOU	
3.	Application fees	
4.	Copy of Legal Status of the Organization including certificate of registration/ incorporation	
5.	Pan Card	
6.	Experience Certificate in assessment activities of last 3 years	
7.	List of Branches with locations, showing scopes of skill assessment activities	
8.	Signed Resume of Assessors and Experts associated with Assessing Bodies	
9.	Declaration of Empanelled Assessors / Experts of their association with assessing bodies	
10.	Governing Body, Mission and Vision etc.	
11.	Any additional documents (assessing body)	