



**Government of West Bengal**  
**Department of Technical Education, Training & Skill Development**  
**Paschim Banga Society for Skill Development (PBSSD)**  
**District Project Management Unit, Howrah**  
**Office of the District Magistrate & Collector, Howrah**  
New Collectorate Building (4th Floor), 7-Rishi Bankim Chandra Road, Howrah-711101  
E-mail: howrahskilldevelopment@gmail.com



Memo No.: 114/TE/2023

Date: 26/09/2023

### NOTICE

Proposals are invited from the Utkarsh Bangla active training provider(s) to conduct training under RPL (Recognition of Prior Learning) module of the Utkarsh Bangla scheme for Cook Cum Helper under PM POSAN (Mid-Day-Meal) in Financial Year 2023-24 in Non Project Mode.

#### Eligibility Criteria:

- Training Providers must be previously enrolled and must belong to accredited TP list under Utkarsh Bangla programme.
- Training Providers are eligible to apply if their registered office is situated / at least one of their training centers is situated under Howrah district.
- Training provider neither blacklisted nor De-empanelled anytime before from any of the schemes.
- No adverse reports / complaints are pending against the training provider and awaiting disposal.

#### Applicable RPL Training Module:


RPL Type	RPL Course Name	Trainee	Duration	Batch Strength	Venue	Rate
RPL (Services)	Domestic Cook cum Helper	Cook cum Helper of PM POSAN scheme	3 days (18 hours)	50 candidates per batch	Block /School premises	Rs. 848/- per candidate

Proposals on training provider(s) official letter-head along with training details as per Annexure-I, to be submitted by 3<sup>rd</sup> October, 2023 at the following address via speed post / registered post:

To,  
The District Nodal Officer (Skills),  
Utkarsh Bangla, Howrah  
Department of Technical Education, Training & Skill Development  
Office of the District Magistrate & Collector  
New Collectorate Building (4th floor)  
7, Rishi Bankim Chandra Road, Howrah-711101

**Note:** Mere submission of the training proposals does not guarantee the selection of the training providers, as it will be confirmed only after successful evaluation of past performance, department development Committee. The Authority has to take decision on selection of training

Encl.: Annexure-1


  
Additional District Magistrate (Skills)  
Howrah

Memo No.: 114 / (18) / TE / 2023

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**Copy forwarded for information to:**

1. The Project Director, Paschim Banga Society for Skill Development, Govt. of West Bengal.
2. The DIO, NIC, Howrah with a request to upload the notice in District website.
- 3-4. The Sub-Divisional Officer(s), Howrah Sadar , Uluberia  
request to publish the notice in Office Notice Boards.
- 5-18. The Block Development Officer(s), All, Howrah,  
with a request to publish the notice in Office Notice Boards.

  
Additional District Magistrate (Skills)  
Howrah



(Must be printed on Training Provider official letter-head)

### Annexure-1

1.Name of Training Provider					
2. Training Provider CODE					
3. Full Address of Training Provider Registered Office					
4.Proposed Training Venue or Centre Block / Municipality					
5. Contact No of Training Provider					
6. Email ID of Training Provider					
7. Past Performance of the Training Provider under Utkarsh Bangla (along with supporting documents)					
Training center District Name	Training center ID	Course Name	Total No of Candidates Certified	Total No of Certified Candidates are in Wage Employment	Total No of Certified Candidates are in Self Employment
8. Domain Capacity and Readiness for executing RPL module					
SI No	Course Name	Sector name	Capacity for executing RPL training		
9. ToT certified Trainers detail					
SI No	Course Name	Trainer Name	ToT Certified no		

#### 10. Declaration:

I/We do here by declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. The above said Training provider neither Blacklisted nor Di-empanelled any time before from any of the schemes and no adverse reports/ complaints are pending against the training provider and awaiting disposal.

(Signature of Training Provider)

Signatory Name:

Date:

Stamp: