

Skill Development Initiative Scheme

Form-A

Annual Training Plan Proposal of State/UT Government

Financial Year 20 -- .

(To be sent by State Director to concerned Regional Directorate of Apprenticeship Training, Directorate General of Employment and Training, three months before the start of every financial year)

1. **State/UT :** _____
2. **Name of the Director :** _____
3. **Address :** _____

Phone No.: _____ Fax _____

E-mail: _____

4. **Total number of Vocational Training Providers to be involved for providing training in MES course *** _____.
5. **Number of candidates to be trained *:** _____
6. **Total estimated amount to be reimbursed *:** _____

(Signature of the State Director)

Note: * Details are given in annexure I

** Soft copy of the proposal should also be sent by e-mail to the concerned RDAT.

Skill Development Initiative Scheme

Form A, Annexure II
Financial Year: 20

(To be filled for each Vocational Training Provider)

1. Name of the VTP _____
2. Registration No. _____
3. Address _____

4. Phone No. _____
5. Fax No. _____
6. E-mail _____
7. Details of the MES courses planned to be conducted during the financial year.

| S. No. | Name of the MES Course | Sector | Duration in hours* (a) | Number of candidates to be trained (b) | Estimated amount of reimbursement (a × b × Rs.15) |
|--------|------------------------|--------|---------------------------|---|--|
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| | | | | | |
| | Total | — | — | | |

*Mention duration as given in the curriculum.

Signature of Authorized Signatory _____

Name & Designation _____

Phone No. _____