Corrigendum to Request for Expression of Interest (ADP)

Ref. No. NIELIT/BBSR/PROJ/ADP/2324/EOI-01

Following changes may please be noted in respect of the EoI:

1. **Application form: Revised form available at Page 2&3**

2. **Schedule for submission of documents**

S. No.	Description of the activity	Date
1.	Date of Publishing the invitation on website	**22/11/2023**
2.	Last date for submission of Sealed Documents	**04/12/2023, 04:00 PM**

Application Form

1. Course(s) applied for	NSQF accreditation number of the institute
(i) Certified Data Entry and Office Assistant (Up-skilling)	
(ii) Certified Computer Application Accounting and Publishing Assistant	

2. Category of the institute
○ Accredited from NIELIT ○ Government Organization ○ ESDM Training Partner ○ Others (Please mention) :

3. District (Tick as applicable)	○ Balangir ○ Koraput ○ Malkangiri ○ Nabarangapur ○ Kalahandi
4. Name of Institute	
5. Address of Institute	
6. Name of Authorized person	

7. Contact Number	(Landline)	(Mobile)
8. Email-id		
9. State	Odisha	
10. PAN Number		

11. No. of students registered in any NIELIT NSQF course in the last 2 years at your institute	

Name of the NSQF Course	No. of Students registered	No. of Students
CCC		Passed: Placed:
'O'-level		Passed: Placed:
'A'-Level		Passed: Placed:
Any other NSQF Course (attach separate Sheet if required)		

12. Distance in Km. from Municipal body (Nagar Palika /Parishadetc.)	KMs
13. Date of Operations in Education field (particularly in IT & Electronics courses) (attach thedocumentary proof)	__/__/_____
14. **Tie-up with Industry and Previous Placement records**	Attach report with documentary proof

15. Availability of Hardware, Software and Faculty (as per the NSQF Guidelines)
(attach relevant support documents wherever possible)

(i)	Whether applicable Hardware available	○ No	○ **Yes**
(ii)	Whether applicable Software available	○ No	○ **Yes**
(iii)	Whether qualified Faculty available	○ No	○ **Yes**
(iv)	Whether eligible Supporting Faculty available	○ No	○ **Yes**

16. Training Facility Availability
(attach clear GPS-photographic evidence with Date, Time, latitude and longitude)

(i)	Availability of Safe Drinking water	○ No	○ **Yes**
(ii)	Availability of Separate Washroom for Men/Woman	○ No	○ **Yes**
(iii)	Availability of Parking Facility	○ No	○ **Yes**
(iv)	Availability of reliable Internet	○ No	○ **Yes**
(v)	Availability of Printer & Scanner	○ No	○ **Yes**
(vi)	Availability of Waiting Area/Room	○ No	○ **Yes**
(vii)	Availability of Library and Reading Space	○ No	○ **Yes**
(viii)	Availability of CCTV	○ No	○ **Yes**
(ix)	Availability of Power backup	○ No	○ **Yes**

(Signature of the authorized person)

Name:

Designation:

Seal of the institute: